

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000060829

FILED
Apr 27, 2009
Secretary of State

Entity Name: W.I.R.E.D. IN KEY WEST, L.L.C.

Current Principal Place of Business:

905 TRUMAN AVENUE
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

905 TRUMAN AVENUE
KEY WEST, FL 33040

New Mailing Address:

FEI Number: 55-0878215

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FARRELLY, GREGORY G
C/O CATALFOMO & FARRELLY
506 LOUISA STREET
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: VAN MATER, ROBIN
Address: 1320 PINE STREET
City-St-Zip: KEY WEST, FL 33040

Title: MGR () Delete
Name: VAN MATER, LORI
Address: 905 TRUMAN AVE
City-St-Zip: KEY WEST, FL 33040

Title: MGR () Delete
Name: HALFORD, SYBILLE
Address: 1507 18TH TERRACE
City-St-Zip: KEY WEST, FL 33040

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SYBILLE HALFORD

MGR

04/27/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date