

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000068759

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Entity Name:** WILCOX MANAGEMENT GROUP, LLC

**Current Principal Place of Business:**

1974 MIDYETTE RD  
UNIT 1209  
TALLAHASSEE, FL 32301

**New Principal Place of Business:**

6986 HEARTLAND CIRCLE  
TALLAHASSEE, FL 32312

**Current Mailing Address:**

1974 MIDYETTE RD  
UNIT 1209  
TALLAHASSEE, FL 32301

**New Mailing Address:**

6986 HEARTLAND CIRCLE  
TALLAHASSEE, FL 32312

**FEI Number:** 59-2651871

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WILCOX, MARGUERITE R  
1974 MIDYETTE RD  
UNIT 1209  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

WILCOX, MARGUERITE R  
6986 HEARTLAND CIRCLE  
TALLAHASSEE, FL 32312 US

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:** MARGUERITE WILCOX

04/29/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** WILCOX, W. EUGENE  
**Address:** 6986 HEARTLAND CIRCLE  
**City-St-Zip:** TALLAHASSEE, FL 32312

**Title:** MGR  
**Name:** WILCOX, SHARON H  
**Address:** 6986 HEARTLAND CIRCLE  
**City-St-Zip:** TALLAHASSEE, FL 32312

I hereby 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:** W. EUGENE WILCOX

MGRM

04/29/2011

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