

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000080308

1. Entity Name
WILMED GROUP, LLC



FILED
Apr 12, 2007 08:00 A
Secretary of State

Principal Place of Business
4315 PABLO OAKS COURT
SUITE 1
JACKSONVILLE, FL 32224-9667 US

Mailing Address
4315 PABLO OAKS COURT
SUITE 1
JACKSONVILLE, FL 32224-9667 US



01152007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1935780

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FREDENHAGEN, SHARON W
4315 PABLO OAKS COURT
SUITE 1
JACKSONVILLE, FL 32224-9667

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	FREDENHAGEN, SHARON W
STREET ADDRESS	4315 PABLO OAKS COURT
CITY- ST- ZIP	JACKSONVILLE, FL 322249667

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04/20/07-80083-018 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: Sharon W. Fredenhagen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/9/07

Date

904-482-1108

Daytime Phone #