

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000009559

**Entity Name:** WILLY WAW WEES, LLC

**FILED**  
**Apr 07, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

3156 CHAMBERLAIN STREET  
DELTONA, FL 32738

**New Principal Place of Business:**

**Current Mailing Address:**

3156 CHAMBERLAIN STREET  
DELTONA, FL 32738

**New Mailing Address:**

**FEI Number:** 20-4278840

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MIGLIACCIO, RICHARD C ESQ.  
660 WEST FAIRBANKS AVE., SUITE 1  
WINTER PARK, FL 32789 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:** P  
**Name:** JOINER, D. WAYNE  
**Address:** 1117 MONTCALM ST  
**City-St-Zip:** ORLANDO, FL 32806

**Title:** V  
**Name:** RAMOS, MARIA A  
**Address:** 3156 CHAMBELIN ST  
**City-St-Zip:** DELTONA, FL 32738

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:** MARIA RAMOS

VICE

04/07/2012

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