


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

9/1/2006-90035-033-\$50.00

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 SEP 14 AM 9:00

<b>DOCUMENT # L05000015147</b> 1. Entity Name <b>WILNFLO LLC</b>					
Principal Place of Business <b>993 KERWOOD CIRCLE OVIEDO, FL 32765</b>			Mailing Address <b>993 KERWOOD CIRCLE OVIEDO, FL 32765</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>PO Box 150516</b> Suite, Apt. #, etc.		4. FEI Number <b>108242006</b> Chg-LLC CR2E083 (11/05)	
City & State <b>Diamond Springs</b>		City & State <b>Diamond Springs</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
Zip <b>32714</b>		Country <b>USA</b>		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>RODRIGUEZ, WILBERTO 993 KERWOOD CIRCLE OVIEDO, FL 32765</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by September 6, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM RODRIGUEZ, WILBERTO 993 KERWOOD CIRCLE OVIEDO, FL 32765</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM RODRIGUEZ, FLOR M 993 KERWOOD CIRCLE OVIEDO, FL 32765</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Delete			
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.					
<b>SIGNATURE:</b> <u>Wilberto Rodriguez</u> <b>August 28, 2006</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					