



FILED
Mar 01, 2006 8:00 am
Secretary of State

01-11-2006 90012 006 ****50.00

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L05000015547			
1. Entity Name WIGMEN GROUP, LLC			
Principal Place of Business 129 MELBOURNE AVENUE INDIALANTIC, FL 32903		Mailing Address 129 MELBOURNE AVENUE INDIALANTIC, FL 32903	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 800074950		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WIGGINS, JEFFREY W 129 MELBOURNE AVENUE INDIALANTIC, FL 32903		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 		DATE	
Filing Fee is \$80.00 Due by May 1, 2006		Make check payable to Florida Department of State	
A. MANAGING MEMBERS/MANAGERS		B. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	WIGGINS, JEFFREY W 129 MELBOURNE AVENUE INDIALANTIC, FL 32903 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VICE PRESIDENT MONTANA, MICHAEL P.O. Box 033404 INDIALANTIC, FL <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statute. 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 609, Florida Statute.			

30001436



01072006 Chg-LLC CR2E083 (11/05)

1/7/06

321-952-8639

ATTACHMENT
3000 1436



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 16, 2006

WIGMEN GROUP, LLC
129 MELBOURNE AVENUE
INDIALANTIC, FL 32903

Subject: **WIGMEN GROUP, LLC**

Reference Number:

L05000015547

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you **MUST** now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/al

ANNUAL REPORTS SECTION

P.O. BOX 6478 - Tallahassee, Florida 32314



ATTACHMENT

30001436

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 6, 2006

WIGMEN GROUP, LLC
129 MELBOURNE AVENUE
INDIALANTIC, FL 32903

Subject: WIGMEN GROUP, LLC

Reference Number: E05000015547

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Provide the title(s) of each manager, managing member or principal listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

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