

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 19, 2006 8:00 am
Secretary of State

01-19-2006 90016 001 ****50.00
01-19-2006 90016 002 *****5.00

30000052



01102006 Chg-LLC CR2E083 (11/05)

4. FEI Number **55-0851401** ☒ Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional
Fee Required

DOCUMENT # L05000025041

1. Entity Name
WANTASTICS, LLC.



Principal Place of Business
**775 MARGARET SQUARE
WINTER PARK, FL 32789**

Mailing Address
**775 MARGARET SQUARE
WINTER PARK, FL 32789**

2. Principal Place of Business
3924 Orwood Rd
Suite, Apt. #, etc.

3. Mailing Address
3924 Orwood Rd
Suite, Apt. #, etc.

City & State
Orlando, FL
Zip **32810** Country **Orange**

City & State
Orlando, FL
Zip **32810** Country **Orange**

6. Name and Address of Current Registered Agent
**DANNY, GUZMAN M
775 MARGARET SQUARE
WINTER PARK, FL 32789**

7. Name and Address of New Registered Agent
Name **Danny Guzman M**
Street Address (P.O. Box Number is Not Acceptable)
3924 Orwood Rd
City **Orlando** FL Zip Code **32810**

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 *Danny Guzman* **Danny Guzman** 1/13/06
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, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS / MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GUZMAN, DANNY M 775 MARGARET SQUARE WINTER PARK, FL 32789	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Guzman Danny 3924 Orwood Rd Orlando, FL 32810	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 606, Florida Statutes.

SIGNATURE: *Danny Guzman* **Danny Guzman** 1/13/06 407-739-9069
Signature and typed or printed name of signing managing member, manager, or authorized representative Date Daytime Phone #