
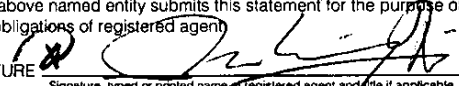
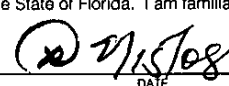
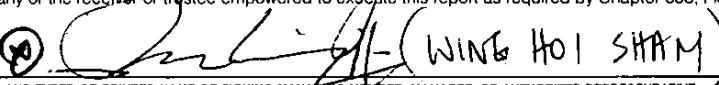


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 21, 2008 8:00 am
Secretary of State

02-21-2008 90068 025 ***138.75

DOCUMENT # L05000041241 1. Entity Name WING SHAM, LLC																											
Principal Place of Business 6068 MIRAMAR PARKWAY MIRAMAR, FL 33023		Mailing Address 6068 MIRAMAR PARKWAY MIRAMAR, FL 33023																									
2. Principal Place of Business - No P.O. Box # 8210 FLORIDA DRIVE Suite, Apt. #, etc. 310 City & State PENMBROKE PINES Zip 33025 Country USA		3. Mailing Address 8210 FLORIDA DRIVE Suite, Apt. #, etc. 310 City & State PENMBROKE PINES Zip 33025 Country USA																									
4. FEI Number 42-1667301		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		01312008 Chg-LLC CR2E083 (12/06)																									
6. Name and Address of Current Registered Agent SHAM, WING HOI 6068 MIRAMAR PARKWAY MIRAMAR, FL 33023		7. Name and Address of New Registered Agent Name SHAM, WING HOI Street Address (P.O. Box Number is Not Acceptable) 8210 FLORIDA DRIVE # 310 City PENMBROKE PINES FL Zip Code 33025																									
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  (WING HOI SHAM, OWNER)  <small>Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>																											
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State																									
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">MGR</td> <td style="width:30%;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>SHAM, WING HOI</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>6068 MIRAMAR PARKWAY 8210 FLORIDA DR # 310</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>MIRAMAR, FL 33023 PENMBROKE PINES, FL 33025</td> <td></td> </tr> </table>		TITLE	MGR	<input type="checkbox"/> Delete	NAME	SHAM, WING HOI		STREET ADDRESS	6068 MIRAMAR PARKWAY 8210 FLORIDA DR # 310		CITY - ST - ZIP	MIRAMAR, FL 33023 PENMBROKE PINES, FL 33025		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;"></td> <td style="width:30%;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
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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:  (WING HOI SHAM)		Date 2/15/08 Daytime Phone #																									