

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000049483

**FILED**  
**Jan 30, 2012**  
**Secretary of State**

**Entity Name:** WADE MANAGEMENT GROUP, LLC.

**Current Principal Place of Business:**

18941 SW 24 ST  
MIRAMAR, FL 33029 US

**New Principal Place of Business:**

**Current Mailing Address:**

18941 SW 24 ST  
MIRAMAR, FL 33029 US

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

WADE, TREVER  
18941 SW 24 ST  
MIRAMAR, FL 33029 US

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

WADE, TREVER SR.  
18941 SW 24 ST  
MIRAMAR, FL 33029 US

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: TREVER T. WADE SR.

01/30/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: WADE, TREVER T SR.  
Address: 18941 SW 24 ST  
City-St-Zip: MIRAMAR, FL 33029 US

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: TREVER T. WADE SR.

MGR

01/30/2012

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