

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000053327

FILED  
Mar 04, 2009  
Secretary of State

Entity Name: WAM ENTERPRISES, LLC

## Current Principal Place of Business:

220 EAST MONUMENT AVE  
SUITE B  
KISSIMMEE, FL 34741 US

## New Principal Place of Business:

## Current Mailing Address:

220 EAST MONUMENT AVE  
SUITE B  
KISSIMMEE, FL 34741 US

## New Mailing Address:

FEI Number: 20-2918451

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MENA, ALBERTO  
3200 AMBERLEY PARK CIRCLE  
KISSIMMEE, FL 34743 US

## Name and Address of New Registered Agent:

REDONDO-GALAN, WILLIAM  
220 EAST MONUMENT AVE  
SUITE B  
KISSIMMEE, FL 34741 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: WILLIAM REDONDO

03/04/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: MENA, ALBERTO  
Address: 3200 AMBERLEY PARK CIRCLE  
City-St-Zip: KISSIMMEE, FL 34743 US

Title: MGR (X) Delete  
Name: MARRERO, MARCOS  
Address: 119 NEWHAM WAY  
City-St-Zip: KISSIMMEE, FL 34758 US

Title: MGR (X) Delete  
Name: REDONDO-GALAN, WILLIAM  
Address: 220 E MONUMENT AVE B  
City-St-Zip: KISSIMMEE, FL 34741 US

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: REDONDO-GALAN, WILLIAM  
Address: 220 EAST MONUMENT AVE  
City-St-Zip: KISSIMMEE, FL 34741 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: WILLIAM REDONDO

MGR

03/04/2009

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