

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 14, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000062145

1. Entity Name
WEDGEWOOD BUSINESS CENTER, LLC



Principal Place of Business
**370 ANSIN BLVD.
HALLANDALE, FL 33009 US**

Mailing Address
**370 ANSIN BLVD.
HALLANDALE, FL 33009 US**

DO NOT WRITE IN THIS SPACE



03112008 No Chg-LLC CR2E083 (12/07)

4. FEI Number
20-3033971

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**KROHN, DAVID
370 ANSIN BLVD.
HALLANDALE, FL 33009**

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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 *David Krohn* REG. AGT. DATE 3-11-2008

Signature, typed or printed name of registered agent and title (Applicable) (NOTE: Registered Agent's signature required when transferring)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U000000859061
04/02/08-80004-012 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	KROHN, DANIEL
STREET ADDRESS	370 ANSIN BLVD.
CITY - ST - ZIP	HALLANDALE, FL 33009
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
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: *David Krohn* MANAGER DATE 3/11/2008 (957-4) 777-2122

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE