

**2007 LIMITED LIABILITY COMPANY,  
ANNUAL REPORT**

**FILED**  
**Apr 02, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000083719**

1. Entity Name  
**WIRED I, LLC**



Principal Place of Business  
**224 SHOPPING AVENUE, #294  
SARASOTA, FL 34237-7125**

Mailing Address  
**224 SHOPPING AVENUE, #294  
SARASOTA, FL 34237-7125**



03202007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-3705422**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**SANTIAGO, VICTOR G ESQ  
1819 MAIN STREET, SUITE 610  
SARASOTA, FL 34236**

**DO NOT WRITE  
IN THIS SPACE**

6. 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 \_\_\_\_\_

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, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
GREEN, CAROL  
136 GOLDEN GATE POINT, #302  
SARASOTA, FL 34236**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
CUPPY, JUDITH  
3902 SOMERSET DRIVE  
SARASOTA, FL 34242**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
ANN WOOD FLETCHER  
361 GILCHRIST AVENUE  
BOCA GRANDE, FL 33921**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
NICOLAI, CAROL L  
7 GLENMERE DRIVE  
CHATHAM, NJ 07928**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000685672  
04/09/07-80015-005 50.00

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IN THIS SPACE**

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:** *X Judith Cuppy*

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

Date

Daytime Phone #

*X 3/29/07*