

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000115031

**FILED**  
**Apr 27, 2012**  
**Secretary of State**

**Entity Name:** WNDMANAGEMENT "LLC"

**Current Principal Place of Business:**

8877 S. FLORIDA AVE.  
FLORAL CITY, FL 34436 US

**New Principal Place of Business:**

**Current Mailing Address:**

7555 E PARKVIEW PLACE  
N/A  
FLORAL CITY, FL 34436 US

**New Mailing Address:**

**FEI Number:** 75-3205574      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

WARD, RICHARD L SR.  
7555 E. PARKVIEW PL.  
N/A  
FLORAL CITY, FL 34436 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** WARD, RICHARD L SR.  
**Address:** 7555 E. PARKVIEW PL.  
**City-St-Zip:** FLORAL CITY, FL 34436 US

**Title:** MGRM  
**Name:** WARD, REBECCA A  
**Address:** 7555 E. PARKVIEW PLACE  
**City-St-Zip:** FLORAL CITY, FL 34436 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: REBECCA WARD

MGRM

04/27/2012

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