

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000027983

Entity Name: WING WORKS, LLC

FILED
Jun 27, 2008
Secretary of State

Current Principal Place of Business:

7791 S.W. COUNTY ROAD 245
LAKE BUTLER, FL 32054

New Principal Place of Business:

Current Mailing Address:

7791 S.W. COUNTY ROAD 245
LAKE BUTLER, FL 32054

New Mailing Address:

FEI Number: 20-4586019 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

LUDWIG & ASSOCIATES, P.A.
5150 BELFORT RD. S.
#500
JACKSONVILLE, FL 32256 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: JEFFREY R. LUDWIG, AS PRESIDENT

06/27/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SCHRETMANN, WILLIAM
Address: 7791 S.W. COUNTY ROAD 245
City-St-Zip: LAKE BUTLER, FL 32054

Title: ST () Delete
Name: SCHRETMANN, WILLIAM
Address: 7791 S.W. COUNTY ROAD 245
City-St-Zip: LAKE BUTLER, FL 32054

ADDITIONS/CHANGES:

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 SCHRETMANN

MGR

06/27/2008

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