2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# L06000027983

Entity Name: WING WORKS, LLC

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 ( )**

Name and Address of Current Registered Agent:

LUDWIG & ASSOCIATES, P.A.
5150 BELFORT RD. S.
#500
JACKSONVILLE, FL 32256 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: MGR ( ) Delete
Name: SCHRETZMANN, WILLIAM
Address: 7791 S.W. COUNTY ROAD 245
City-St-Zip: LAKE BUTLER, FL 32054

Title: ST ( ) Delete
Name: SCHRETZMANN, 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 F. SCHRETZMANN MGR 04/15/2009

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