## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **FILED** Feb 07, 2007 8:00 am Secretary of State 02-07-2007 90111 021 \*\*\*\*50.00

DOCUMENT # L06000031988  1. Entity Name WICKS INDUSTRIES, LLC							02-07-2007 9	90111 02	21 ****50	).00
Principal Place of Business Mailing Address							-			
1490 SE LEGACY COVE CIRCLE 1490 SE LEGACY COVE CIRCLE STUART, FL 34997 US STUART, FL 34997 US										
2. Principal P	lace of Busin	ness - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01292007	Chg-LLC	CR2E0	83 (12/06)	
City & State			City & State		4. FEI Numb	.457660	8		plied For t Applicable	
Zip	Country		Zip	Coun	try	5. Certificate	of Status Desired		\$5.00 Add Fee Required	
	6. Name	and Address of Current		Name	7. Name and	Address of New Re	egistered A	lgent		
WICKS, HARRY					Name					
•	EGACY C	OVE CIRCLE			Street Address (P.O. Box Number is Not Acceptable)					
••			ļ		City			FL	Zip Code	9
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  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE										
Signatura, specific transfer and the management of the management										
. Fi	ling Fee ue by Ma	is \$50.00 y 1, 2007				Make check payable to Florida Department of State				
9.	WY	MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS/	CHANGES		
TITLE	MGR Delete			TITL					Change	☐ Addition
NAME WICKS, HARRY STREET ADDRESS 1490 SE LEGACY COVE CIRCLE			=	NAM STR	ET ADDRESS					
CITY-ST-ZIP		FL 34997			-ST-ZIP					
TITLE			☐ Delete	TITL	1				☐ Change	☐ Addition
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NAME			L.J Oelete	NAM					L_ Change	
STREET ADDRESS					ET ADDRESS					
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CITY-ST-ZIP				CITY	- ST- ZIP					
TITLE			☐ Delete	TITL	E				Change	Addition
NAME	<b>!</b>			NAM STRI	E ADDRESS					
STREET ADDRESS CITY-ST-ZIP					-ST-ZIP					
TITLE			☐ Delete	TITL					☐ Change	☐ Addition
NAME				NAN	IE				_ •	_ `
STREET ADDRESS					EET ADDRESS					
CITY-ST-ZIP			this filling dans are and a	_!	-ST-ZIP	in Charter 410	Elorido Statuto 11	other earli	that the i=f-	rmation
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 received of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.										