

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000045023

FILED  
Aug 31, 2007  
Secretary of State

Entity Name: JORJUS WINGS, LLC

**Current Principal Place of Business:**

1310 SW 87 WAY  
PEMBROKE PINES, FL 33025 US

**New Principal Place of Business:**

19807 NW 2ND AVENUE  
MIAMI GARDENS, FL 33169 US

**Current Mailing Address:**

1310 SW 87 WAY  
PEMBROKE PINES, FL 33025 US

**New Mailing Address:**

FEI Number: 41-2231235      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
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:**

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

DUKES, CLARENCE R  
1310 SW 87 WAY  
PEMBROKE PINES, FL 33025 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: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: DUKES, CLARENCE R  
Address: 1310 SW 87 WAY  
City-St-Zip: PEMBROKE PINES, FL 33025 FL

Title: MGRM ( ) Delete  
Name: DUKES, SANDRENE I  
Address: 1310 SW 87 WAY  
City-St-Zip: PEMBROKE PINES, FL 33025 US

**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: CLARENCE DUKES

MGR

08/31/2007

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