

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000061387

FILED  
Sep 02, 2008  
Secretary of State

**Entity Name:** WILD WINGS OVER TAMPA BAY LLC

**Current Principal Place of Business:**

9210 ANDERSON ROAD  
TAMPA, FL 33634

**New Principal Place of Business:**

**Current Mailing Address:**

13176 N. DALE MABRY HWY. #126  
TAMPA, FL 33618

**New Mailing Address:**

FEI Number: 20-5075615      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:**

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

AGENTS AND CORPORATIONS, INC.  
300 FIFTH AVENUE SOUTH  
SUITE 101-330  
NAPLES, FL 34102 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: ROSS, STANLEY  
Address: 13176 N. DALE MABRY HWY. #126  
City-St-Zip: TAMPA, FL 33618

Title: MGR ( ) Delete  
Name: ROSS, MATTHEW  
Address: 13176 N. DALE MABRY HWY. #126  
City-St-Zip: TAMPA, FL 33618

**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: STANLEY ROSS

MGR

09/02/2008

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