


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 13, 2007 8:00 am
Secretary of State

07-13-2007 90033 025 ****50.00

DOCUMENT # L06000086673 1. Entity Name THE WYNNE LAW GROUP, PLLC			
Principal Place of Business 8875 HIDDEN RIVER PARKWAY SUITE 300 TAMPA, FL 33637		Mailing Address 8875 HIDDEN RIVER PARKWAY SUITE 300 TAMPA, FL 33637	
2. Principal Place of Business - No P.O. Box # 304 East Baker Street Suite, Apt. #, etc. Suite B		3. Mailing Address 304 East Baker Street Suite, Apt. #, etc. Suite B	
City & State Plant City Florida		City & State Plant City, Florida	
Zip 33563		Zip 33563	
Country USA		Country USA	
4. FEI Number 20-5489243		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		07102007 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent WYNNE, KEITH W 8875 HIDDEN RIVER PARKWAY SUITE 300 TAMPA, FL 33637		7. Name and Address of New Registered Agent Name Keith Wynne Street Address (P.O. Box Number is Not Acceptable) 304 East Baker Street Suite B City Plant City FL Zip Code 33563	
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 <u><i>Keith Wynne</i></u> (NOTE: Registered Agent's signature required when reinstating) DATE <u>7/10/07</u>			
Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WYNNE, KEITH W 8875 HIDDEN RIVER PARKWAY SUITE 300 TAMPA, FL 33637	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: <u><i>Keith Wynne</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<u>7/10/07</u> <u>813-60-7335</u> <small>DATE DAYTIME PHONE #</small>	