

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000087007

FILED
Apr 20, 2009
Secretary of State

Entity Name: WIRE WIZARDS LLC

Current Principal Place of Business:

4274 KIPLING DRIVE
COCOA, FL 329266812

New Principal Place of Business:

Current Mailing Address:

4274 KIPLING DRIVE
COCOA, FL 329266812

New Mailing Address:

FEI Number: 71-0692685

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAADOUN, LINDA
4274 KIPLING DRIVE
COCOA, FL 329266812 US

Name and Address of New Registered Agent:

HOPPER, ROBERT
4274 KIPLING DRIVE
COCOA, FL 329266812 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: ROBERT HOPPER

04/20/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SAADOUN, LINDA
Address: 4274 KIPLING DRIVE
City-St-Zip: COCOA, FL 329266812

Title: MGRM () Delete
Name: HOPPER, ROBERT
Address: 4274 KIPLING DRIVE
City-St-Zip: COCOA, FL 329266812

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: LINDA SAADOUN

MGRM

04/20/2009

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