

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000107187

**Entity Name:** WADE PLANNERS LLC

**FILED**  
**May 01, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

452 NE 92 STREET  
MIAMI SHORES, FL 33138

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 530511  
MIAMI, FL 33153

**New Mailing Address:**

**FEI Number:** 20-5831410

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RARICK, PHILLIP B  
6500 COWPEN ROAD  
SUITE 204  
MIAMI LAKES, FL 33014 US

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

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  
Name: WADE, BRIAN  
Address: 452 NE 92 STREET  
City-St-Zip: MIAMI SHORES, FL 33138

I hereby 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: BRIAN WADE

MGR.

05/01/2012

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