## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L06000115587

Name:

Address:

City-St-Zip:

ANGELOVA, DESISLAVA

HALLANDALE, FL 33009

1945 S OCEAN DRIVE #306

Entity Name: THE WINSTON ECOMMERCE GROUP, LLC

FILED Jan 15, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1945 S OCEAN DRIVE #306 HALLANDALE, FL 33009 **Current Mailing Address: New Mailing Address:** P.O. BOX 85155 HALLANDALE, FL 33008 FEI Number: 20-8010134 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: VASILEVA, MARTIN VASILEV, MARTIN 1945 S OCEAN DR #306 1945 S OCEAN DR #306 US HALLANDALE, FL 33009 US HALLANDALE, FL 33009 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: MARTIN VASILEV 01/15/2009 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete ANGELOVA, DESISLAVA I Name: Name: 1945 S OCEAN DR #306 Address: Address: City-St-Zip: HALLANDALE, FL 33009 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: VASILEV, MARTIN Name: Address: 1945 S OCEAN DRIVE #306 Address: City-St-Zip: HALLANDALE, FL 33009 City-St-Zip: Title: MGR () Delete Title: () Change () Addition GOLDSTEIN, PETER Name: Name: Address: 757 UNION STREET Address: City-St-Zip: LAKEWOOD, CO 80401 City-St-Zip: Title: MGR (X) Delete Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: MARTIN VASILEV MGRM 01/15/2009