

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000006895

Entity Name: WINGZWON, LLC

FILED
Apr 25, 2009
Secretary of State

Current Principal Place of Business:

466 SW PORT ST. LUCIE BLVD.
SUITE 106
PORT ST. LUCIE, FL 34953 US

Current Mailing Address:

403 SW THISTLE TRAIL
PORT ST. LUCIE, FL 34953 US

New Principal Place of Business:

466 SW PORT ST. LUCIE BLVD.
SUITE 106
PORT ST. LUCIE, FL 349538205 US

New Mailing Address:

403 SW THISTLE TRAIL
PORT ST. LUCIE, FL 349538205 US

FEI Number: 20-8259534

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRITZ, RALPH S
403 SW THISTLE TRAIL
PORT ST. LUCIE, FL 34953 US

Name and Address of New Registered Agent:

FRITZ, RALPH S P
403 SW THISTLE TRAIL
PORT ST. LUCIE, FL 349538205 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: RALPH S FRITZ

04/25/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: FRITZ, RALPH S
Address: 403 SW THISTLE TRAIL
City-St-Zip: PORT ST. LUCIE, FL 34953 US

Title: VP-T () Delete
Name: FRITZ, NONA L
Address: 403 SW THISTLE TRAIL
City-St-Zip: PORT ST. LUCIE, FL 34953 US

Title: MGR () Delete
Name: FRITZ, STEVEN K
Address: 3445 SW CATSKILL DRIVE
City-St-Zip: PORT ST. LUCIE, FL 34953 US

ADDITIONS/CHANGES:

Title: P (X) Change () Addition
Name: FRITZ, RALPH S P
Address: 403 SW THISTLE TRAIL
City-St-Zip: PORT ST. LUCIE, FL 349538205 US

Title: VP-T (X) Change () Addition
Name: FRITZ, NONA L VP
Address: 403 SW THISTLE TRAIL
City-St-Zip: PORT ST. LUCIE, FL 349538205 US

Title: MGR (X) Change () Addition
Name: FRITZ, STEVEN K MGR
Address: 3445 SW CATSKILL DRIVE
City-St-Zip: PORT ST. LUCIE, FL 349538205 US

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: RALPH S FRITZ

P

04/25/2009

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