


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 12, 2008 08:00 AM
Secretary of State

DOCUMENT # L07000011467 1. Entity Name WIS'S ENGINEERING LLC	
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Principal Place of Business 37 NW 60 STREET STREET MIAMI, FL 33127	Mailing Address 37 NW 60 STREET STREET MIAMI, FL 33127
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DO NOT WRITE IN THIS SPACE



09092008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 65-0621000	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent MCLACHLAN, WISCONSIN 37 NW 60 STREET STREET MIAMI, FL 33127	DO NOT WRITE IN THIS SPACE
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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: *Henry Wisconsin McLachlan* DATE: _____

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$538.75
Due by September 12, 2008

9. MANAGING MEMBERS/MANAGERS	
TITLE	MGRM
NAME	MCLACHLAN, WISCONSIN
STREET ADDRESS	37 NW 60 STREET STREET
CITY-ST-ZIP	MIAMI, FL 33127
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

00000959580

09/12/08-80002-026 538.75

DO NOT WRITE
IN THIS SPACE

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: *Henry Wisconsin McLachlan* Date: 9/9/08 Daytime Phone #: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE