

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

**FILED
May 12, 2008 8:00 am
Secretary of State**

05-12-2008 90121 038 ***138.75

DOCUMENT # L07000067149		
1. Entity Name WANG'S LLC		

Principal Place of Business 8003 SPRING CREEK DRIVE KISSIMMEE, FL 34747	Mailing Address 8003 SPRING CREEK DRIVE KISSIMMEE, FL 34747
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip - - - - -	Country - - - - -	Zip - - - - -	Country - - - - -

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WANG, SHENG Y 8003 SPRING CREEK DRIVE KISSIMMEE, FL 34747		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

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

FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WANG, SHENG Y		
STREET ADDRESS	8003 SPRING CREEK DRIVE		
CITY-ST-ZIP	KISSIMMEE, FL 34747		
TITLE	MGRM	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WANG, PING		
STREET ADDRESS	8001 SPRING CREEK DRIVE		
CITY-ST-ZIP	KISSIMMEE, FL 34747		
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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: 	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #
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