

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000097730

**FILED**  
**Apr 04, 2010**  
**Secretary of State**

**Entity Name:** WHISPERED WISH WESER-EMS, LLC

**Current Principal Place of Business:**

18300 NE 45TH AVENUE RD.  
CITRA, FL 32113

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1315  
CITRA, FL 32113

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

LUING, HEATHER  
18300 NE 45TH AVENUE RD.  
CITRA, FL 32113 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: MGMR  
Name: LUING, HEATHER  
Address: PO BOX 1315  
City-St-Zip: CITRA, FL 32113

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: HEATHER LUING

MGMR

04/04/2010

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