

# **2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000003742

Entity Name: WMG ENTERPRISES, LLC

**FILED**  
**Mar 11, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

3364 HORSESHOE BEND CT  
LONGWOOD, FL 32779

**New Principal Place of Business:**

**Current Mailing Address:**

3364 HORSESHOE BEND CT  
LONGWOOD, FL 32779

**New Mailing Address:**

FEI Number: 26-1747208

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BUSINESS FILINGS INCORPORATED  
1203 GOVERNORS SQUARE BLVD, SUITE 101  
TALLAHASSEE, FL 323012960 US

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

WOLOSHEN, JOHN MGRM  
3364 HORSESHOE BEND COURT  
LONGWOOD, FL 32779 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: JOHN WOLOSHEN

03/11/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: WOLOSHEN, JOHN  
Address: 3364 HORSESHOE BEND CT  
City-St-Zip: LONGWOOD, FL 32779

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JOHN WOLOSHEN

MRGR

03/11/2009

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