

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L08000014570

FILED
Sep 09, 2009
Secretary of State**Entity Name:** SOUTH FLORIDA FACILITIES TODAY, LLC**Current Principal Place of Business:**1520 JAMAICA CT
MARCO ISLAND, FL 34145**New Principal Place of Business:**6295 OCEAN DRIVE
MARGATE, FL 33063 US**Current Mailing Address:**1520 JAMAICA CT
MARCO ISLAND, FL 34145**New Mailing Address:**6295 OCEAN DRIVE
MARGATE, FL 33063 US**FEI Number:** 26-2106936**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**GRENSING, SONNY
1520 JAMAICA CT
MARCO ISLAND, FL 34145 US**Name and Address of New Registered Agent:**SIMMS, ELIZABETH S
6295 OCEAN DRIVE
MARGATE, FL 33063 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: ELIZABETH SHELLEY SIMMS

09/09/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: G WHIZ MARKETING GROUP, LLC
Address: 1520 JAMAICA CT
City-St-Zip: MARCO ISLAND, FL 34145

Title: MGRM (X) Delete
Name: WINGATE MARKETING GROUP, LLC
Address: 6295 OCEAN DRIVE
City-St-Zip: MARGATE, FL 33063

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WINGATE MARKETING GROUP, LLC
Address: 6295 OCEAN DRIVE
City-St-Zip: MARGATE, FL 33063

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: BY: ELIZABETH S. SIMMS

MGRM

09/09/2009

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