

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000018011

**FILED**  
**Apr 25, 2012**  
**Secretary of State**

**Entity Name:** WOMEN ON A MISSION TO EARN COMMISSION, LLC

**Current Principal Place of Business:**

830 EAST STATE RD. 434  
SUITE 3  
LONGWOOD, FL 32750

**New Principal Place of Business:**

**Current Mailing Address:**

830 EAST STATE RD. 434  
SUITE 3  
LONGWOOD, FL 32750

**New Mailing Address:**

**FEI Number:** 26-1768462

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HAWKINS, KATHLEEN  
830 EAST STATE RD. 434  
SUITE 3  
LONGWOOD, FL 32750 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: MGRM  
Name: HAWKINS, KATHLEEN  
Address: 1200 DELK RD.  
City-St-Zip: LONGWOOD, FL 32779

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: KATHLEEN HAWKINS

PRES

04/25/2012

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