

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000021338

Entity Name: GET WISE P.I.S LLC

FILED  
Apr 22, 2009  
Secretary of State

**Current Principal Place of Business:**

403 SOUTH O STREET  
LAKE WORTH, FL 33460

**New Principal Place of Business:**

403 OCEAN BREEZE STREET  
LAKE WORTH, FL 33460

**Current Mailing Address:**

403 SOUTH O STREET  
LAKE WORTH, FL 33460

**New Mailing Address:**

403 OCEAN BREEZE STREET  
LAKE WORTH, FL 33460

FEI Number: 26-2058928

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

AUGSBACK, TAMMY L  
403 SOUTH STREET  
LAKE WORTH, FL 33460 US

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

AUGSBACK, TAMMY L  
403 OCEAN BREEZE STREET  
LAKE WORTH, FL 33460 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:

04/22/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: AUGSBACK, TAMMY L  
Address: 403 SOUTH O STREET  
City-St-Zip: LAKE WORTH, FL 33460

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: AUGSBACK, TAMMY L  
Address: 403 OCEAN BREEZE STREET  
City-St-Zip: LAKE WORTH, FL 33460

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: TAMMY AUGSBACK

MGRM

04/22/2009

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