

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000083559

Entity Name: W. L. N., LLC

FILED
May 01, 2009
Secretary of State

Current Principal Place of Business:

1820 N CORP LAKES BLVD
201
WESTON, FL 33326

New Principal Place of Business:

Current Mailing Address:

1820 N CORP LAKES BLVD
201
WESTON, FL 33326

New Mailing Address:

FEI Number: 90-0410702 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

DON GONZALEZ, P.A.
1820 N CORP LAKES BLVD
201
WESTON, FL 33326 US

Name and Address of New Registered Agent:

BW&T BUSINESS ADVISERS, INC
9050 PINES BLVD
SUITE 450
PEMBROKE PINES, FL 33024 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: NAYARIT BRICENO

05/01/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CASINO, NICOLAS
Address: 1820 N CORP LAKES BLVD, SUITE 201
City-St-Zip: WESTON, FL 33326 US

Title: MGRM () Delete
Name: CASINO, LIRIO
Address: 1820 N CORP LAKES BLVD, SUITE 201
City-St-Zip: WESTON, FL 33326 US

Title: MGRM () Delete
Name: HORAK, WOJCIECH J
Address: 1820 N CORP LAKES BLVD, SUITE 201
City-St-Zip: WESTON, FL 33326 US

ADDITIONS/CHANGES:

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

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

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: CASINO NICOLAS

MGR

05/01/2009

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