

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000091136

Entity Name: W CAPITAL GROUP 1111, LLC

FILED
Apr 23, 2009
Secretary of State

Current Principal Place of Business:

1602 ALTON ROAD, #517
MIAMI BEACH, FL 33139

New Principal Place of Business:

4611 SOUTH UNIVERSITY DRIVE
405
DAVIE, FL 33328 US

Current Mailing Address:

1602 ALTON ROAD, #517
MIAMI BEACH, FL 33139

New Mailing Address:

4611 SOUTH UNIVERSITY DRIVE
405
DAVIE, FL 33328 US

FEI Number: 71-1048712

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAGEN & HAGEN P.A.
3531 GRIFFIN ROAD
FORT LAUDERDALE, FL 33312 US

Name and Address of New Registered Agent:

KAUPER, GEORGE G MR.
4611 SOUTH UNIVERISTY DRIVE
405
DAVIE, FL 33328 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: GEORGE G. KAUPER

04/23/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BAR NOACH, TAL
Address: 1602 ALTON ROAD, #517
City-St-Zip: MIAMI BEACH, FL 33139

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BAR NOACH, TAL
Address: 4611 SOUTH UNIVERSITY DRIVE #405
City-St-Zip: DAVIE, FL 33328 US

Title: MGRM () Change (X) Addition
Name: WOLFF, YAIR
Address: 4611 SOUTH UNIVERSITY DRIVE #405
City-St-Zip: DAVIE, FL 33328 US

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: YAIR WOLFF

MGRM

04/23/2009

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