

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000105177

FILED  
Mar 30, 2009  
Secretary of State

Entity Name: HOT WINGS LLC

**Current Principal Place of Business:**

1319 FLORIDA MALL AVENUE  
ORLANDO, FL 32809 US

**New Principal Place of Business:**

**Current Mailing Address:**

1319 FLORIDA MALL AVENUE  
ORLANDO, FL 32809 US

**New Mailing Address:**

FEI Number: 90-0428089

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MERHI, ISSAM  
1317 FLORIDA MALL AVENUE  
ORLANDO, FL 32809 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 ( ) Delete  
Name: SSM HOLDINGS, LLC,  
Address: 1319 FLORIDA MALL AVENUE  
City-St-Zip: ORLANDO, FL 32809 US

Title: MGRM ( ) Delete  
Name: GFA INVESTMENT GROUP, , LLC  
Address: 1319 FLORIDA MALL AVENUE  
City-St-Zip: ORLANDO, FL 32809 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: SLEIMAN, ISSAM A MGRM  
Address: 1319 FLORIDA MALL AVENUE  
City-St-Zip: ORLANDO, FL 32809 US

Title: MGRM (X) Change ( ) Addition  
Name: MERHI, ISSAM C MGRM  
Address: 1319 FLORIDA MALL AVENUE  
City-St-Zip: ORLANDO, FL 32809 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: ISSAM C MERHI

MGRM

03/30/2009

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