

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000098101

Entity Name: WASHANDGLOW.LLC

**FILED**  
**Feb 24, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

EASTWINDS DRIVE  
5118  
ORLANDO, FL 32819

**New Principal Place of Business:**

**Current Mailing Address:**

EASTWINDS DRIVE  
5118  
ORLANDO, FL 32819

**New Mailing Address:**

FEI Number: 80-0490918

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FONE, JONATHON M MR  
EASTWINDS DRIVE  
5118  
ORLANDO, FL 32819 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: FONE, JONATHON M MR  
Address: 5118 EASTWINDS DRIVE  
City-St-Zip: ORLANDO, FL 32819

Title: MGRM  
Name: FONE, KATREENA R MRS  
Address: 5118 EASTWINDS DRIVE  
City-St-Zip: ORLANDO, FL 32819

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: MRS KATREENA RACHEL FONE

MGRM

02/24/2010

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