

**2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000100385

**FILED**  
**Jan 04, 2011**  
**Secretary of State**

**Entity Name:** WISTAIR LLC

**Current Principal Place of Business:**

700 DOCTORS COURT  
LEESBURG, FL 34748

**New Principal Place of Business:**

**Current Mailing Address:**

700 DOCTORS COURT  
LEESBURG, FL 34748

**New Mailing Address:**

FEI Number: 20-0135688

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

MOORE, WISTAR III  
700 DOCTORS COURT  
LEESBURG, FL 34748 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: MOORE, WISTAR III  
Address: 700 DOTORS COURT  
City-St-Zip: LEESBURG,, FL 34748

Title: MGRM  
Name: MOORE, CAROL L  
Address: 700 DOCTORS COURT  
City-St-Zip: LEESBURG, FL 34748

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: WISTAR MOORE III

MGRM

01/04/2011

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