

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000100385

**FILED**  
**Jan 04, 2012**  
**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

01/04/2012

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