

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000008244

Entity Name: WINGED ARROW LLC

**FILED**  
**Apr 11, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

629 RIVIERA DR  
TAMPA, FL 33606

**New Principal Place of Business:**

**Current Mailing Address:**

629 RIVIERA DR  
TAMPA, FL 33606

**New Mailing Address:**

C/O SARA ROYER 301 W PLATT ST  
SUITE 338  
TAMPA, FL 33606

FEI Number: 27-1750888

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ACUNA, LUIS F  
629 RIVIERA DR  
TAMPA, FL 33606 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: ACUNA, LUIS F  
Address: 629 RIVIERA DR  
City-St-Zip: TAMPA, FL 33606

Title: MGRM  
Name: CHACON, MARIA G  
Address: 629 RIVIERA DR  
City-St-Zip: TAMPA, FL 33606

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: LUIS FERNANDO ACUNA

MGMR

04/11/2011

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