

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000034269

Entity Name: W.O.W. SPICES LLC

**FILED**  
**Feb 16, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

16726 70TH STREET NORTH  
LOXAHATCHEE, FL 33470

**New Principal Place of Business:**

**Current Mailing Address:**

16726 70TH STREET NORTH  
LOXAHATCHEE, FL 33470

**New Mailing Address:**

FEI Number: 27-2227979

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

OAKES, DEE  
16726 70TH STREET NORTH  
LOXAHATCHEE, FL 33470 US

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

OAKES, DELORES  
16726 70TH STREET NORTH  
LOXAHATCHEE, FL 33470 US

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: DELORES OAKES

02/16/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: OAKES, DELORES  
Address: 16726 70TH STREET NORTH  
City-St-Zip: LOXAHATCHEE, FL 33470

Title: MGRM  
Name: MARTINEZ, DEBRA  
Address: 331 CROMB  
City-St-Zip: CROOKSTON, MN 56716

Title: MGR  
Name: OAKES, BRIAN  
Address: 16726 70TH STREET NORTH  
City-St-Zip: LOXAHATCHEE, FL 33470

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: DELORES OAKES

MGRM

02/16/2012

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