

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000119953

**FILED**  
**Mar 20, 2012**  
**Secretary of State**

**Entity Name:** WINGS OVER SOUTHSIDE, LLC

**Current Principal Place of Business:**

1544 CENTRAL AVENUE  
SUMMERVILLE, SC 29483

**New Principal Place of Business:**

4555 SOUTHSIDE BLVD  
JACKSONVILLE, FL 32216

**Current Mailing Address:**

1544 CENTRAL AVENUE  
SUMMERVILLE, SC 29483

**New Mailing Address:**

**FEI Number:** 27-4083315      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

RAMSEY, JAMES  
4555 SOUTHSIDE BLVD  
JACKSONVILLE, FL 32216      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:** MR  
**Name:** PATRICK, BEAL  
**Address:** 1544 CENTRAL AVE  
**City-St-Zip:** SUMMERVILLE, SC 29483

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: PATRICK BEAL

PRES

03/20/2012

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