

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000028791

Entity Name: WING MEETINGS, LLC

**FILED**  
**Apr 28, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

38745 BRAHMAN DRIVE  
DADE CITY, FL 33525 US

**New Principal Place of Business:**

**Current Mailing Address:**

38745 BRAHMAN DRIVE  
DADE CITY, FL 33525 US

**New Mailing Address:**

FEI Number: 27-5554285

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

WING, ANGELIKA S  
38745 BRAHMAN DRIVE  
DADE CITY, FL 33525 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: WING, ANGELIKA S  
Address: 38745 BRAHMAN DRIVE  
City-St-Zip: DADE CITY, FL 33525 US

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: ANGELIKA WING

MGRM

04/28/2012

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