

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000052546

Entity Name: CHAIN OF WAKES LLC

**FILED**  
**Mar 13, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

6348 CYPRESS GARDENS BLVD.  
WINTER HAVEN, FL 33884

**New Principal Place of Business:**

6348 CYPRESS GARDENS BLVD.  
WINTER HAVEN, FL 33884

**Current Mailing Address:**

6348 CYPRESS GARDENS BLVD.  
WINTER HAVEN, FL 33884

**New Mailing Address:**

6348 CYPRESS GARDENS BLVD.  
WINTER HAVEN, FL 33884

FEI Number: 45-2325588

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GULLEN, MEGHAN  
6348 CYPRESS GARDENS BLVD.  
WINTER HAVEN, FL 33884 US

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

GULLEN, MEGHAN  
6348 CYPRESS GARDENS BLVD.  
WINTER HAVEN, FL 33884 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: MEGHAN GULLEN

03/13/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MS  
Name: GULLEN, MEGHAN MARIE  
Address: 6348 CYPRESS GARDENS BLVD.  
City-St-Zip: WINTER HAVEN, FL 33884 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: MEGHAN GULLEN

MS

03/13/2012

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