

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000076153

FILED
Mar 07, 2012
Secretary of State

Entity Name: WINGS OF CARE

Current Principal Place of Business:

1735 NW 42ND AVE.
GAINESVILLE, FL 32605

New Principal Place of Business:

Current Mailing Address:

1735 NW 42ND AVE.
GAINESVILLE, FL 32605

New Mailing Address:

FEI Number: 45-2674156

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

STEPHENS, WILLIE T III
1735 NW 42ND AVE.
GAINESVILLE, FL 32605 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: MGR
Name: STEPHENS, WILLIE T III
Address: 1735 NW 42ND AVENUE
City-St-Zip: GAINESVILLE, FL 32605

Title: MGR
Name: STEPHENS, ERICA P
Address: 1735 NW 42ND AVENUE
City-St-Zip: GAINESVILLE, FL 32605

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: WILLIE T. STEPHENS III

MGR

03/07/2012

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