

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000110625

**FILED**  
**Apr 24, 2012**  
**Secretary of State**

**Entity Name:** WERKING ON EXTREMETIES, L.L.C.

**Current Principal Place of Business:**

825 E MOSSVILLE ROAD  
PEORIA, IL 61615

**New Principal Place of Business:**

**Current Mailing Address:**

825 E MOSSVILLE ROAD  
PEORIA, IL 61615

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

INDIVIDUAL RETIREMENT SYSTEMS, L.L.C.  
725 SEBASTIAN BLVD  
SUITE C  
SEBASTIAN, FL 32958 US

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

INDIVIDUAL RETIREMENT SYSTEMS, L.L.C.  
725 COMMERCE CENTER DRIVE  
SUITE C  
SEBASTIAN, FL 32958 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: KRISTIN M LITTS

04/24/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: WERKING, MARK K  
Address: 825 E MOSSVILLE ROAD  
City-St-Zip: PEORIA, IL 61615

Title: MGR  
Name: WERKING, JANET L  
Address: 825 E MOSSVILLE ROAD  
City-St-Zip: PEORIA, IL 61615

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: MARK K WERKING

MGR

04/24/2012

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