

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 13, 2005 08:00 AM
Secretary of State

DOCUMENT # M03000004075

1. Entity Name
FLORIDA WINGS GROUP, LLC



Principal Place of Business

C/O THE WEYERS GROUP//ATTN: P.A. KLISTER
500 AMS COURT
GREEN BAY, WI 54313

Mailing Address

C/O THE WEYERS GROUP//ATTN: P.A. KLISTER
500 AMS COURT
GREEN BAY, WI 54313



01052005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0250431

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KLISTER, PAUL A 500 AMS COURT GREEN BAY, WI 54313
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WEYERS, ROBERT J 500 AMS COURT GREEN BAY, WI 54313
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VAN ABEL, PATRICK 500 AMS COURT GREEN BAY, WI 54313
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VAN ABEL, JOHN 500 AMS COURT GREEN BAY, WI 54313
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHELSKY, MARK 500 AMS COURT GREEN BAY, WI 54313
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LYSINGER, JAMES 500 AMS COURT GREEN BAY, WI 54313

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01/13/05-80052-003 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/10/05

Date

9004347800

Daytime Phone #