

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 03, 2006 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**



01092006 No Chg-LLC

CR2E083 (11/05)

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, 2006**

9. MANAGING MEMBERS/MANAGERS

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

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02/14/06-B0030-017 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Date _____

Daytime Phone # _____