

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 27, 2007 8:00 am
Secretary of State

08-27-2007 90122 007 ****50.00

60055185



08062007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-0250431 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

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

2. Principal Place of Business - No P.O. Box #
111 N Washington St
Suite, Apt. #, etc.
Suite 400
City & State
Green Bay WI
Zip 54301 Country

3. Mailing Address
P.O. Box 11237
Suite, Apt. #, etc.
City & State
Green Bay WI
Zip 54307-1237 Country

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by September 14, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KLISTER, PAUL A 500 AMS COURT GREEN BAY, WI 54313 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 111 N Washington St, Suite 400 Green Bay WI 54301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WEYERS, ROBERT J 500 AMS COURT GREEN BAY, WI 54313 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 111 N Washington St, Suite 400 Green Bay WI 54301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VAN ABEL, PATRICK 500 AMS COURT GREEN BAY, WI 54313 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 111 N Washington St, Suite 400 Green Bay WI 54301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VAN ABEL, JOHN 500 AMS COURT GREEN BAY, WI 54313 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 111 N Washington St, Suite 400 Green Bay WI 54301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHELSKY, MARK 500 AMS COURT GREEN BAY, WI 54313 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 111 N Washington St, Suite 400 Green Bay WI 54301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LYSINGER, JAMES 500 AMS COURT GREEN BAY, WI 54313 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 111 N Washington St, Suite 400 Green Bay WI 54301

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: Randy 8/7/07 920-434-7800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #