

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000004075

FILED  
Mar 06, 2009  
Secretary of State

Entity Name: FLORIDA WINGS GROUP, LLC

**Current Principal Place of Business:**

111 N WASHINGTON ST STE 400  
GREEN BAY, WI 54301

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 11237  
GREEN BAY, WI 54307

**New Mailing Address:**

PO BOX 11237  
GREEN BAY, WI 543071237

FEI Number: 20-0250431

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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: MGRM ( ) Delete  
Name: KLISTER, PAUL A  
Address: 111 N WASHINGTON ST STE 400  
City-St-Zip: GREEN BAY, WI 54301

Title: MGRM ( ) Delete  
Name: WEYERS, ROBERT J  
Address: 111 N WASHINGTON ST STE 400  
City-St-Zip: GREEN BAY, WI 54301

Title: MGRM ( ) Delete  
Name: VAN ABEL, PATRICK  
Address: 111 N WASHINGTON ST STE 400  
City-St-Zip: GREEN BAY, WI 54301

Title: MGRM ( ) Delete  
Name: VAN ABEL, JOHN  
Address: 111 N WASHINGTON ST STE 400  
City-St-Zip: GREEN BAY, WI 54301

Title: MGRM ( ) Delete  
Name: CHELSKY, MARK  
Address: 111 N WASHINGTON ST STE 400  
City-St-Zip: GREEN BAY, WI 54301

Title: MGRM ( ) Delete  
Name: LYSINGER, JAMES  
Address: 111 N WASHINGTON ST STE 400  
City-St-Zip: GREEN BAY, WI 54301

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: PAUL KLISTER

MGRM

03/06/2009

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