

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 SEP -7 AM 8:24

DOCUMENT # M03000004150

1. Entity Name
WYNDERMERE WHOLESALERS, LLC



Principal Place of Business
691 BUSINESS PARK BLVD.
WINTER GARDEN, FL 34787

Mailing Address
691 BUSINESS PARK BLVD.
WINTER GARDEN, FL 34787

DO NOT WRITE IN THIS SPACE

08022005No Chg-LLC

CR2E083 (10/03)

4. FEI Number
45-0500430

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 September 7, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME MIZRACHI, LESLIE
STREET ADDRESS 691 BUSINESS PARK BLVD.
CITY-ST-ZIP WINTER GARDEN, FL 34787

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**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)(i), 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

8/31/05

Date

Daytime Phone #

407656-9100