

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000000872

Entity Name: WINK COMPANIES, LLC

FILED
Mar 25, 2009
Secretary of State

Current Principal Place of Business:

8641 UNITED PLAZA BLVD.
SUITE 204
BATON ROUGE, LA 70809

New Principal Place of Business:

Current Mailing Address:

8641 UNITED PLAZA BLVD.
SUITE 204
BATON ROUGE, LA 70809

New Mailing Address:

FEI Number: 72-0697665

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLORIDA FILING & SEARCH SERVICES, INC.
155 OFFICE PLAZA DR.
SUITE A
TALLAHASSEE, FL 32301 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: MGR () Delete
Name: WINK, LARRY D SR.
Address: 8641 UNITED PLAZA BLVD.
City-St-Zip: BATON ROUGE, LA 70809

Title: MGR () Delete
Name: WINK, MICHAEL H
Address: 8641 UNITED PLAZA BLVD STE 204
City-St-Zip: BATON ROUGE, LA 70809

Title: MGR () Delete
Name: WINK, KENNETH
Address: 8641 UNITED PLAZA BLVD STE 204
City-St-Zip: BATON ROUGE, LA 70809

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:

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: LARRY D. WINK, SR.

MGR

03/25/2009

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