

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M09000001240

**Entity Name:** WD LICENSING, LLC

**FILED**  
**Apr 15, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

168 N. MERAMEC AVENUE, SUITE 400  
ST. LOUIS, MO 63105

**New Principal Place of Business:**

**Current Mailing Address:**

168 N. MERAMEC AVENUE, SUITE 400  
ST. LOUIS, MO 63105

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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  
Name: D & L PARTNERS, L.P.  
Address: 168 N. MERAMEC AVENUE, SUITE 400  
City-St-Zip: ST. LOUIS, MO 63105

Title: MGRM  
Name: KRETSCHMAR, DEAN  
Address: 2833 NE 35TH COURT  
City-St-Zip: FORT LAUDERDALE, FL 33308

I hereby 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: DOUG VON ALLMEN FOR D & L PARTNERS, L.P.

MGRM

04/15/2010

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