

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000079156

**Entity Name:** WINGSTATS LLC

**Current Principal Place of Business:**

634 COLE DRIVE  
PORT ORANGE, FL 32127

**Current Mailing Address:**

634 COLE DRIVE  
PORT ORANGE, FL 32127 US

**FEI Number:** 45-2720148

**Certificate of Status Desired:** No

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

ALLISON, JARED DMR.  
634 COLE DRIVE  
PORT ORANGE, FL 32127 US

*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

**Authorized Person(s) Detail :**

Title MGRM  
Name ALLISON, JARED DMR.  
Address 634 COLE DRIVE  
City-State-Zip: PORT ORANGE FL 32127

Title MGRM  
Name SELVADURAI, JOSHUA MR.  
Address 117 GERRARD ST E  
City-State-Zip: TORONTO ON ON M5-B

Title MGRM  
Name CONE, JONATHAN MR.  
Address 3745 SUMMER ROSE DRIVE  
City-State-Zip: ATLANTA GA 30341

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JARED ALLISON

**MANAGING MEMBER**

**03/07/2016**

Electronic Signature of Signing Authorized Person(s) Detail

Date