

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000014896

**Entity Name:** WONDROUS WORKS LLC

**Current Principal Place of Business:**

5042 ATTLEBORO ST  
JACKSONVILLE, FL 32205

**Current Mailing Address:**

5042 ATTLEBORO ST  
JACKSONVILLE, FL 32205

**FEI Number:** 47-2936406

**Certificate of Status Desired:** No

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

LALLEMAND, PHILIP  
5042 ATTLEBORO ST  
JACKSONVILLE, FL 32205 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:** PHILIP LALLEMAND

01/05/2016

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name LALLEMAND, PHILIP M  
Address 5042 ATTLEBORO ST  
City-State-Zip: JACKSONVILLE FL 32205

Title MANAGER  
Name LALLEMAND, FRANKLIN  
Address 5042 ATTLEBORO ST  
City-State-Zip: JACKSONVILLE FL 32205

*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:** PHILIP LALLEMAND

MGR

01/05/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date