

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000000920

1. Entity Name
WENCHES, LLC

FILED

Principal Place of Business: **25216 PELICAN CREEK CIRCLE #103 BONITA SPRINGS FL 34134**

Mailing Address: **25216 PELICAN CREEK CIRCLE #103 BONITA SPRINGS FL 34134**

01 AUG 16 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: Suite, Apt. #, etc.

3. Mailing Address: Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number Applied For Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
**HAGAN, ELIZABETH
25216 PELICAN CREEK CIRCLE, #103
BONITA SPRINGS FL 34134**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 26, 2001

9. MANAGING MEMBERS/MANAGERS Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

10. ADDITIONS/CHANGES Change Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP

200004547452--3
-08/21/01--01071--012
*****50.00 *****50.00

	Name	Street Address	City/State/ZIP	
	Ackley, Susan Diane	1119 NE 99th Street	Miami Shores, FL 33138	
	Adams, Sandra H	3300 Rice Street, Suite 8	Miami, FL 33133	Addition
	Bonten, Carla Elizabeth	13710 Tonbridge Court	Bonita Springs, FL 34135	Addition
<i>manager</i>	Hagan, Elizabeth Reardon	25216 Pelican Creek Circle, #103	Bonita Springs, FL 34134	
	Low, Suzanne C	12741 Maiden Cane Lane	Bonita Springs, FL 34135	Addition
	Tracy, Peggy L	1516 N. State Pkwy, #9B	Chicago, IL 60610	Addition

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: Elizabeth Hagan **REQUIRED** Date: June 29, 2001 941-947-8085

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #

CR2E083 (5/01)