

# 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.  
 City & State  
 Zip Country

**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

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

TITLE	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** *June 29, 2001 947-8085*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (5/01)