

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Jun 25, 2007  
Secretary of State**

DOCUMENT# L00000000920

Entity Name: WENCHES, LLC

**Current Principal Place of Business:**

25216 PELICAN CREEK CIRCLE #103  
BONITA SPRINGS, FL 34134

**New Principal Place of Business:**

**Current Mailing Address:**

25216 PELICAN CREEK CIRCLE #103  
BONITA SPRINGS, FL 34134

**New Mailing Address:**

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

HAGAN, ELIZABETH  
25216 PELICAN CREEK CIRCLE, #103  
BONITA SPRINGS, FL 34134    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

**MANAGING MEMBERS/MANAGERS:**

Title:                      MGR                      ( ) Delete  
Name:                      HAGAN, ELIZABETH  
Address:                      25216 PELICAN CREEK CIRCLE #103  
City-St-Zip:                      BONITA SPRINGS, FL 34134

**ADDITIONS/CHANGES:**

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: BETH HAGAN

M

06/25/2007

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