

2001 UNIFORM BUSINESS REPORT (UBR)

0019138 AF

DOCUMENT # L00000002659

1. Entity Name
THE WRENDS CO., L.L.C.

FILED

01 APR 23 PM 5:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**1925 HARDEN #4
LAKELAND FL 33803**

Mailing Address
**1925 HARDEN #4
LAKELAND FL 33803**



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

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

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3626509

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**WOMACK, DOUG
1925 HARDEN, #4
LAKELAND FL 33803**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES

TITLE	Managing Member	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Doug Womack	
STREET ADDRESS	1925 Harden, # 4	
CITY-ST-ZIP	Lakeland, Fla. 33803	

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*****50.00 Change Addition

CR2E083 (11/00)

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: DOUG WOMACK, MANAGING MEMBER DATE: 4-18-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE Daytime Phone #