

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003 8:00 am
Secretary of State

02-21-2003 90020 036 ****50.00

DOCUMENT # L02000006464

1. Entity Name

WINANS ELECTRIC MOTORS, LLC



Principal Place of Business

**1574 34TH STREET NW
WINTER HAVEN FL 33881**

Mailing Address

**1574 34TH STREET NW
WINTER HAVEN FL 33881**

2. Principal Place of Business

1150 US Hwy 92 W

3. Mailing Address

1150 US Hwy 92 W

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Auburndale Florida

City & State

Auburndale Florida

Zip

33823

Country

US

Zip

33823

Country

US

4. FEI Number

59-3751630

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**WENNERS, MICHAEL P
3401 DEEN STILL ROAD
POLK CITY FL 33868**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
WENNERS, MICHAEL P
1574 34TH STREET NW
WINTER HAVEN FL 33881** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
GANGRAW, JANET
1574 34TH STREET NW
WINTER HAVEN FL 33881** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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10. ADDITIONS/CHANGES

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
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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 provided by Chapter 608, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #

Michael P Weners 2-14-03 863-669-1000

CR2E083 (10/02)