2003 LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L9700001003

Suite, Apt. #, etc.



WINTEC-INTERNATIONAL LLC Mailing Address 8825 LAKESIDE CIRCLE

Principal Place of Business 8825 LAKESIDE CIRCLE VERO BEACH FL 32963 VERO BEACH FL 32963 2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

FILED Feb 05, 2003 8:00 am Secretary of State

02-05-2003 90041 040 ****50.00

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					Check here if Making Ch	ANGES	
City & State		City & State			4. FEI Number 65-0815085	Applied For	
						Not Applicable	
Zip	Country	Zip	Coun	try		00 Additional Required	
- 6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent		
WINTER, ROSS G				Name			

8825 LAKESIDE CIRCLE **VERO BEACH FL 32963**

Name	
Street Address (P.O. Box Number	er 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, 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 Florida Department of State

		Due	By May 1, 2003	·
9.	MANAGING MEMBERS/MANAGERS		10.	ADDITIONS/CHANGES
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WINTER, ROSS G 8825 LAKESIDE CIRCLE VERO BEACH FL 32963	-Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WINTER, LISA H 8825 LAKESIDE CIRCLE VERO BEACH FL 32963	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Deleté Deleté	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 eppowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

172-134, 9934