HINIEGRM RUSINESS REDORT (URR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

DOCUI	MENT #	A950	0000	1471						A	4378 At
WELLER NOKO, LTD.							FIL	ED		A	·
Principal Place of Business Mailing Address							01 FEB 12	2 AM 11: 36		O	
1039 ROBERTA ST. VENICE FL 34292			1039 F	C/O KITTINGER 1039 ROBERTA STREET VENICE FL 34292			SECRETARY OF STATE				
2. Principal Place of Business			3. Mail	3. Mailing Address				ID IKIDI OMAL OTALÇ KOLLA K	0 141 00 211 1018	f 17811 B1911 19991 1161 18	i
Suite, Apt. #, etc.			Suite	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State			City	City & State			4. FEI Number	65-0613910		Applied Fo Not Applica	
Zip		Country	Zip	··	Coun	try	5. Certificate of		F€	8.75 Additional ee Required	
	6. Name an	d Address of Curre	ent Registere	d Agent		Name	7. Name and A	ddress of New Reg	istered Ag	ent	-
FOREMAN, MICHAEL L						Street Address	(P.O. Box Number	is Not Acceptable)			
C/O ICARD, MERRILL, ET AL											
2033 MAIN STREET, SUITE 600 SARASOTA FL 34237						City FL Zip Code					
8. The above	named entity s	ubmits this statemen	nt for the purp	ose of changing its	registere	ed office or registe	ered agent, or both,	in the State of Floric	da.		
SIGNATURE .	Signature, typed or p	rinted name of registered ac	gent and title if app	licable. (NO	E: Registere	d Agent signature requir			DATE		
						a when a character is admin	eo when reinstating)		DATE		
9. Capital Co as Shown	ntributions on record.	\$206,307.00) 1	Amount of Capi in FLORIDA to capi	tal Contrib		eo when reinstaung)		PAYABLE T	O DEPT. OF STATE FEE INFORMATION	
	on record.	NERAL PARTNE	R THAT IS	in FLORIDA to d	tal Contrib date.	outions UST BE REGIS	STERED AND AC	SEE REVERSE	PAYABLE T SIDE FOR OFFICE.	FEE INFORMATION	
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Jan 28, 201 941-913-2469
Date Dayline Phone #