

2001 UNIFORM BUSINESS REPORT (UBR)

0017554 AF

DOCUMENT # L00000003449

1. Entity Name
WN28, LLC

FILED

2001 APR 20 PM 3:20

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
3333 WEST KENNEDY BLVD., SUITE 206
TAMPA FL 33609

Mailing Address
3333 WEST KENNEDY BLVD., SUITE 206
TAMPA FL 33609

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-3634600

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CURTIS, ROBERT T
3333 WEST KENNEDY BLVD., SUITE 206
TAMPA FL 33609

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

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 Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME ☐ Delete
Robert T. Curtis
STREET ADDRESS 3333 W. Kennedy Blvd., Suite 206
CITY-ST-ZIP Tampa, Florida 33609

TITLE NAME ☐ Change ☐ Addition
200004101732-6
-05/01/01--01045--017
*****50.00 *****50.00

TITLE NAME ☐ Delete
William P. Curtis
STREET ADDRESS 3333 W. Kennedy Blvd., Suite 206
CITY-ST-ZIP Tampa, Florida 33609

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ 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 empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #

RSIGNATURE REQUIRED APRIL 12 2001 813875 6324

CR2E083 (11/00)