

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 12, 2007 08:00 AM
Secretary of State

DOCUMENT # L00000006884

1. Entity Name
WELLSPAT, LC



Principal Place of Business
**4501 TAMiami TRAIL NORTH, SUITE 300
NAPLES, FL 34103**

Mailing Address
**C/O JENNIFER GAFFEY
8543 PITLOCHRY CT.
DUBLIN, OH 43017**



01082007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3691069

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**NAPLES-LAWDOCK, INC.
1395 PANTHER LANE
SUITE 300
NAPLES, FL 34109**

**DO NOT WRITE
IN THIS SPACE**

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 restate.)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
GAFFEY, JENNIFER
8543 PITLOCHRY CT
DUBLIN, OH 43017**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
GRAHAM, CYNTHIA
558 WESTBURY WOODS CT
WESTERVILLE, OH 43081**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
DARGUSCH, MARIANN
2655 BRENTWOOD RD.
COLUMBUS, OH 43209**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

000000584262
01/12/07-80028-021 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, OR AUTHORIZED REPRESENTATIVE

1/8/07

Date

614-761-0081

Daytime Phone #