

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Feb 04, 2008 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



01272008No Chg-LLC

CR2E083 (12/07)

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 reinstating)

DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U000000913954
02/13/08-80025-013 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	GAFFEY, JENNIFER
STREET ADDRESS	8543 PITLOCHRY CT
CITY-ST-ZIP	DUBLIN, OH 43017
TITLE	MGRM
NAME	GRAHAM, CYNTHIA
STREET ADDRESS	558 WESTBURY WOODS CT
CITY-ST-ZIP	WESTERVILLE, OH 43081
TITLE	MGRM
NAME	DARGUSCH, MARIANN
STREET ADDRESS	2655 BRENTWOOD RD.
CITY-ST-ZIP	COLUMBUS, OH 43209
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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

Date

Daytime Phone #

1/25/08 614-761-0081