

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000006884

Entity Name: WELLSPAT, LC

FILED
Jan 05, 2009
Secretary of State

Current Principal Place of Business:

4501 TAMiami TRAIL NORTH, SUITE 300
NAPLES, FL 34103

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-3691069

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GAFFEY, JENNIFER
Address: 8543 PITLOCHRY CT
City-St-Zip: DUBLIN, OH 43017

Title: MGRM () Delete
Name: GRAHAM, CYNTHIA
Address: 558 WESTBURY WOODS CT
City-St-Zip: WESTERVILLE, OH 43081

Title: MGRM () Delete
Name: DARGUSCH, MARIANN
Address: 2655 BRENTWOOD RD.
City-St-Zip: COLUMBUS, OH 43209

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: DARGUSCH, MARIANN
Address: 525 WEST COLLEGE ST
City-St-Zip: GRANVILLE, OH 43023

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JENNIFER GAFFEY

MGRM

01/05/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date