

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000013535

1. Entity Name

WNK&B, L.L.C.

**FILED**  
**May 12, 2002 8:00 am**  
**Secretary of State**

05-12-2002 90590 025 \*\*\*\*50.00

Principal Place of Business

5617 NINTH AVENUE DRIVE WEST  
BRADENTON FL 34209

Mailing Address

5617 NINTH AVENUE DRIVE WEST  
BRADENTON FL 34209

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

MANATEE

Zip

34209

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

APPLIED-FOR

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

KEATON, KAREN S  
111 SECOND AVENUE, N.E., SUITE 610  
ST. PETERSBURG FL 33701

7. Name and Address of New Registered Agent

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**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
MGR KEATON, NANCY A 5617 NINTH AVENUE DRIVE WEST BRADENTON FL 34209			

CR2E083 (9/01)

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 Required*

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

4/26/02 941-792-1297

Date

Daytime Phone #