STAPLE CHECK HERE

2001 UNIFORM BUSINESS/REPORT (UBR)										
DOCUMENT # L0000014860							eropethi eeyem			
WELCASS, L.L.C.					FILED					
Principal Place of Business Mailing Address					1	01 JUL-2 AN 8:47				
190 W. GLAD	ES ROAD	190 W. GLADES ROAD			SECRETARY OF STATE					
SUITE C BOCA RATON	N FL 33432	SUITE C BOCA RATON FL 33432				TALLAHASS.	EE, FLO	RIDA HUMUTUM MAN	1111 <b>111</b> 1 1 <b>11</b> 1	
2. Principal Place of Business		3. Mailing Address			<b> </b>					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				DO NOT V	RITE IN TH	IS SPACE		
City & State		City & State			4. FEI Number Applied For Not Applicable					
Zip	Country	Zip	Count	try	5. Certif	icate of Status Desire	ed 🔲	\$5.00 Addi Fee Required		
	6. Name and Address of Current	Registered Agent	·	Nama		and Address of Ne	w Registere	d Agent		
LUPO, JACK 190 W. GLADES ROAD SUITE C				., Name						
				Street Address (P.O. Box Number is Not Acceptable)						
ВО	DCA RATON FL 33432					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										
	Signature, typed or printed figure or registered agent		10000	4475	5601-	2				
FILE NOW!!  Make Check Payable						-07/	16/01	-010040		
			e By Septer	nber 26, 2001				) *****5	0.00	
9.	MANAGING MEMBE		10. TiTLE			ADDITIO	NS/CHANG	ES Change	Addition	
title Name	MGR LUPO, JACK	L. Delete	NAM	I				[_] onango	7,0011011	
STREET ADDRESS CITY-ST-ZIP	190 W. GLADES ROAD			ET ADDRESS - ST-ZIP						
TITLE	BOCA RATON FL 33432	☐ Delete	TITLE		,			Change	Addition	
NAME			NAM							
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS - ST- ZIP						
TITLE		☐ Delete	TITLE				!	☐ Change	Addition	
NAME			NAM	E ET ADDRESS			ı			
- STREET ADDRESS CITY - ST - ZIP	The second secon	الهاد العالوي الرماعينية الد	7, 1 7 7	-ST-ZIP						
TITLE		☐ Delete	TITLE	l l				☐ Change	☐ Addition	
NAME STREET ADDRESS			NAM Stre	E et address						
CITY-ST-ZIP			CITY	-ST-ZIP						
TITLE		☐ Delete	TITLE	- 1			•	☐ Change	☐ Addition \	
NAME STREET ADDRESS			NAM Stre	ET ADDRESS			i I			
CITY-ST-ZIP	,		CITY	-ST-ZIP			<u> </u>			
TITLE		☐ Delete	TITLI NAM	<b>I</b>				☐ Change	Addition	
NAME A STREET ADDRESS				ET ADDRESS						
CITY-ST-ZIP				-ST-ZIP						
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 A SIGNATURE REQUIRACE LUPO 6/28/01 (561) 395-7410										
SIGNATURE: DISTORTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DISTORTED DESCRIPTION OF DESCRIPTI										