

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000003375

1. Entity Name

WIESBAR INVESTMENTS, L.L.C.



Principal Place of Business

936 CRENSHAW LAKE RD.
LUTZ FL 33549

Mailing Address

936 CRENSHAW LAKE RD.
LUTZ FL 33549

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/04)

4. FEI Number

59-3731709

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WIECZORKOWSKI, ANDREW
THE WILDER CENTER
3000 GULF-TO-BAY BLVD., STE. 200
CLEARWATER FL 33759

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. 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 \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME KASPROW, WIESLAW H
STREET ADDRESS 936 CRENSHAW LAKE RD.
CITY-ST-ZIP LUTZ FL 33549

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS U00000346476
CITY-ST-ZIP 04/30/05-80076-012 50.00

TITLE MGR ☐ Delete
NAME KASPROW, TADEUSZ
STREET ADDRESS 936 CRENSHAW LAKE RD.
CITY-ST-ZIP LUTZ FL 33549

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME KASPROW, ELZBIETA
STREET ADDRESS 936 CRENSHAW LAKE RD.
CITY-ST-ZIP LUTZ FL 33549

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME KASPROW, BARBARA
STREET ADDRESS 936 CRENSHAW LAKE RD.
CITY-ST-ZIP LUTZ FL 33549

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/26/05 3806333 (813)