## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # L01000014565

1. Entity Name

THE WELL, LLC



FILED Feb 07, 2003 8:00 am Secretary of State 02-07-2003 90014 022 \*\*\*\*50.00

Principal Place of Business				Mailing Address												
878 FREELING DRIVE SARASOTA FL 34242				878 FREELING DRIVE SARASOTA FL 34242				1 (82118)1	1 <b>8</b> 11 <b>84</b> 1	<b>61</b> 21 <b>8</b> 13 <b>48</b>	120 <b>80</b> 101 <b>0</b>	18141 <b>88</b> 184 1		n alta: nill	183)	
2. Principal Place of Business				3. Mailing Address												
Suite, Apt.	. #, etc.		Suite, A	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES								
City & Stat	te		City &	City & State			4	4. FEI Number 65-1133579						Applied Not App		
Zip	Country Zip				Country								\$5.00	.00 Additional Required		
6. Name and Address of Current Registered Agent							7	. Name and	Addr	ess of N	lew Re	gistered	Agent			
WAGNER, E. JOHN II 200 SOUTH ORANGE AVE.						Street Address (P.O. Box Number is Not Acceptable)										
SAF		-														
						City	· · ·				FL 2			Zip Code		
	named entity tions of regist	submits this statemered agent.	ent for the purpose	of changing its	registered	d office or i	registered a	agent, or bot	th, in t	he State	of Flori	da. I am	familiar wit	h, and a	ccept	
SIGNATURE	Signature, buned	or printed name of registered	agent and title if applied	NOTE (NOTE	: Pagistared	Agent signatur	re required whe	en reinstating)				DATE			_	
	Jighatara, typed	or printed flatte of registered	agent and the ill applicat				<u> </u>					DAIL				
			Maka	FILE NO				of State								
Make Check Payable to Florida Department of State  Due By May 1, 2003																
9.		MANAGING ME	<u> </u> EMBERS/MANAG		10.	, ,				ADDITI	ONS/C	HANGES	3		-	
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NAME	SHAW, PHOEBE			NAME										-		
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11. I hereby r	certify that the	information supplied	l with this filing do	es not qualify for	the exem	ntion state	ed in Sectio	on 119 07(3)(i	i) Flor	ida Stati	utes I fi	urther cei	tify that the	informs	tion	

I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatic 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

Daytime Phone #