

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0050825

DOCUMENT # L02000014232

1. Entity Name
WELLFLEET TRADING, LLC



FILED

03 MAY -6 PM 12:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☒ CHECK HERE IF MAKING CHANGES

Principal Place of Business
**5136 LAMANCHA CT.
ORLANDO FL 32822**

Mailing Address
**PO BOX 2783
WINTER PARK FL 32790**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **46-0486106** 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

**STARKEY, CRAIG D
823 NICOMA TRAIL
MAITLAND FL 32751**

Name **Robert B. Cook**
Street Address (P.O. Box Number is Not Acceptable)
17 Bay Harbor Road
City **Tequesta** FL Zip Code **33469**

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

Robert B. Cook

4/24/03

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, 2003

9. MANAGING MEMBERS/MANAGERS

10. MEMBER ADDITIONS/CHANGES

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **BASS RIVER INVESTMENT TRUST, LLC**
STREET ADDRESS **5136 LAMANCHA COURT**
CITY-ST-ZIP **ORLANDO, FLORIDA 32822**

TITLE ☒ Delete
NAME **HARRY STARKEY**
STREET ADDRESS **5136 LAMANCHA COURT**
CITY-ST-ZIP **ORLANDO, FLORIDA 32822**

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

TITLE ☒ Delete
NAME **CRAIG D. STARKEY**
STREET ADDRESS **5136 LAMANCHA COURT**
CITY-ST-ZIP **ORLANDO, FLORIDA 32822**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-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:

Harry Starkey

4/24/2003

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

Date

Daytime Phone #

CR2E083 (10/02)