

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**  
04-21-2003 90115 007 \*\*\*\*50.00

0003841

**DOCUMENT # L02000014608**

1. Entity Name

**DANNY WUERFFEL, LLC**



Principal Place of Business

Mailing Address

**4300 BAYOU BLVD., STE. 13  
PENSACOLA FL 32503**

**4300 BAYOU BLVD., STE. 13  
PENSACOLA FL 32503**

2. Principal Place of Business

3. Mailing Address

**c/o W. Frank Drewry, CPA, PC**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**3945 Holcomb Bridge Rd, Ste 200**

City & State

City & State

**NORCROSS, GA**

Zip

Country

Zip

Country

**30092**

**USA**

4. FEI Number

Applied For

Not Applicable

**03-0466640**

5. Certificate of Status Desired

☐

**\$5.00 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FERGUSON, MICHAEL L**

**4300 BAYOU BLVD., STE. 13**

**PENSACOLA FL 32503**

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

**N/A**

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. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
WUERFFEL, DANNY  
713 6TH STREET  
DESTIN FL 32541**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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:

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

Date

Daytime Phone #

**4/14/03**

CP-ENG3 (10/02)