

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2003 8:00 am
Secretary of State

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01-17-2003 90216 019 ****50.00

DOCUMENT # L02000021166

1. Entity Name
WAYNE FELCHER, LLC



Principal Place of Business
**501 N. VICTORIA PARK ROAD
FT. LAUDERDALE FL 33301**

Mailing Address
**501 N. VICTORIA PARK ROAD
FT. LAUDERDALE FL 33301**

55006313



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 7567
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
FT. LAUDERDALE FL

Zip
33338

Country
USA

4. FEI Number
02-0639473

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent
**FELCHER, WAYNE
501 N. VICTORIA PARK ROAD
FT. LAUDERDALE FL 33301**

7. Name and Address of New Registered Agent
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 - not changing registered agent** (NOTE: Registered Agent signature required when reinstating)

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 Registered Agent	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE Member	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WAYNE FELCHER		NAME	
STREET ADDRESS 501 N. Victoria Park Road		STREET ADDRESS	
CITY-ST-ZIP FT. LAUDERDALE, FL. 33301		CITY-ST-ZIP	
TITLE Managing member	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 REQUIRED** **01-06-03** **954-467-7597**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CRSE083 (10/02)