

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000020819

1. Entity Name

WENDART II, LLC



Principal Place of Business

1749 SW COLLEGE RD.
OCALA FL 34474

Mailing Address

1749 SW COLLEGE RD.
OCALA FL 34474



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

27-0060319

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SUMNER, SCOTT
3500 SW 107TH PLACE
OCALA FL 34480

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 replacing)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
SULLIVAN, ART
1749 SW COLLEGE RD
OCALA FL 34474

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Add
000000416064
02/11/06-80109-019 50.00

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
SMITH, CHRIS
1749 SW COLLEGE RD
OCALA FL 34474

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
SUMNER, SCOTT
3500 SE 107TH PLACE
OCALA FL 34480

☐ Delete

TITLE
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STREET ADDRESS
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☐ Change ☐ Add

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Chris Smith

2-1-06 352-732-603

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

Date

Daytime Phone #