

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 17, 2007 8:00 am**  
**Secretary of State**

05-17-2007 90173 005 \*\*\*\*50.00

**DOCUMENT # L03000027399**

1. Entity Name  
LETT PROPERTIES, LC



Principal Place of Business

135 MILL SPRING PLACE 1460 KILRUSH DR  
ORMOND BEACH, FL 32174

Mailing Address

P.O. BOX 730114 1460 KILRUSH DR  
ORMOND BEACH, FL 32173-0114 32174

**40115846**



04022007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
38-3688702

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

TUMBLESON, J. DOYLE  
150 SOUTH PALMETTO AVENUE, SUITE A  
DAYTONA BEACH, FL 32114

**DO NOT WRITE  
IN THIS SPACE**

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 reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE MGR  
NAME TOLLAND, JOHN T  
STREET ADDRESS 5 BROAD RIVER ROAD  
CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE MGR  
NAME WIEDENBAUER, THOMAS J  
STREET ADDRESS 135 MILL SPRING PLACE  
CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE MGR  
NAME WIEDENBAUER, ELLEN R  
STREET ADDRESS 135 MILL SPRING PLACE  
CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:** *Ellen R Wiedenbauer* Ellen R Wiedenbauer 4-30-07 (386) 673-3400

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

Date

Daytime Phone #