

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 18, 2004 8:00 am
Secretary of State

03-18-2004 90186 022 ****50.00

DOCUMENT # L03000043228

1. Entity Name

WERTZ STULTZ PROPERTIES, LLC



Principal Place of Business

**3434 COLWELL AVENUE, SUITE 100
TAMPA FL 33614**

Mailing Address

**3434 COLWELL AVENUE, SUITE 100
TAMPA FL 33614**

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

04-3778695

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

MOORE

CR2E083 (11/03)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WERTZ, MICHAEL BRENT
3434 COLWELL AVENUE, SUITE 100
TAMPA FL 33614**

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 reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **WERTZ, MICHAEL BRENT**
STREET ADDRESS **3434 COLWELL AVENUE, SUITE 100**
CITY-ST-ZIP **TAMPA FL 33614**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MANAGER** ☐ Change ☒ Addition
NAME **WERTZ, Heather E.**
STREET ADDRESS **1706 S. HABANNA**
CITY-ST-ZIP **TAMPA, FL 33629**

TITLE **MANAGER** ☐ Change ☒ Addition
NAME **Stultz, Jean**
STREET ADDRESS **2388 Delverton Drive**
CITY-ST-ZIP **DUNWOODY, GA 30338**

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

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

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: *Michael Brent Wertz*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/30/2004 (813) 932-2750
Date Daytime Phone #

EXT 202