

03-25-2004 90216 049 ****50.00

DOCUMENT # L03000052760						03-25-2004 90216 049 ****50.00	
1. Entity Name JOHN WELLMAN GENERAL CONSTRUCTION COMPANY, LLC							
Principal Place of Business 2564 WANETA DRIVE SARASOTA FL 34231		Mailing Address 2564 WANETA DRIVE SARASOTA FL 34231				34007694  MOORE CR2E083 (11/03)	
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country		4. FEI Number 380-648669		☐ Applied For ☒ Not Applicable	
				5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WELLMAN, JOHN 2564 WANETA DRIVE SARASOTA FL 34231				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 <u>John H. Wellman</u> DATE <u>4/30/04</u> Signature (hand or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when re-registering)							
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004							
B. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		MANAGING member JOHN Wellman 2564 WANETA DRIVE SARASOTA, FL 34231 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
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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: <u>John H. Wellman</u> JOHN H. WELLMAN MANAGING MEMBER 3-23-04 941-374-1247 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #							