

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 28, 2005 8:00 am**  
**Secretary of State**

02-21-2005 90178 007 \*\*\*\*50.00

**DOCUMENT # L04000026913**

1. Entity Name  
**WELLENS-BRUSCHAYT OF WINTER HAVEN, LLC**



Principal Place of Business  
**2697 CRYSTAL BEACH ROAD**  
**WINTER HAEN, FL 33880**

Mailing Address  
**2697 CRYSTAL BEACH ROAD**  
**WINTER HAEN, FL 33880**

**30002587**



2. Principal Place of Business

**1020 Reflections Lk Lp**  
Suite, Apt. #, etc.

3. Mailing Address

**1020 Reflections Lk Lp**  
Suite, Apt. #, etc.

03212005 Chg-LLC CR2E083 (10/03)

City & State  
**Lakeland, FL**

City & State  
**Lakeland, FL**

4. FEI Number  
**20-0991191**

Applied For  
☐ Not Applicable

Zip  
**33813**

Country

Zip  
**33813**

Country

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

6. Name and Address of Current Registered Agent

**WELLENS-BRUSCHAYT, TATIANA ANANIE**  
**2697 CRYSTAL BEACH ROAD**  
**WINTER HAEN, FL 33880**

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

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, 2005**

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME **2697** **MGRM**  
STREET ADDRESS **WELLENS-BRUSCHAYT, TATIANA A**  
CITY-ST-ZIP **2697 CRYSTAL BEACH ROAD**  
**WINTER HAEN, FL 33880**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

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]** **President**

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

Date

Daytime Phone #

**3/22/5** **863-299-4551**