

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90025 032 ****50.00

DOCUMENT # L04000026913

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



Principal Place of Business
**1020 REFLECTIONS LAKE LOOP[
LAKELAND, FL 33813 US**

Mailing Address
**1020 REFLECTIONS LAKE LOOP[
LAKELAND, FL 33813 US**

40010541



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03012006 Chg-LLC CR2E083 (11/05)

4. FEI Number
20-0991191

Applied For
Not Applicable

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

**WELLENS-BRUSCHAYT, TATIANA ANANIE
2679 CRYSTAL BEACH ROAD
WINTER HAVEN, FL 33880**

Name

Street Address (P.O. Box Number is Not Acceptable)

**1020 Reflections Lake Loop
City Lakeland FL 33813**

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]*
Signature, typed or printed name of registered agent and date if applicable.

Tatiana Wellens-Bruschayt, member
(NOTE: Registered Agent signature required when reinstating)

3/3/6
DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE :
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
WELLENS-BRUSCHAYT, TATIANA A
2679 CRYSTAL BEACH ROAD
WINTER HAVEN, FL 33880** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**1020 Reflections Lake Loop
Lakeland, FL 33813** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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

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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Tatiana Wellens-Bruschayt
Date **3/3/6** Daytime Phone # **863-4092456**