

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000032492

FILED
Jul 14, 2007
Secretary of State

Entity Name: WINSOME BUILDING CONCEPTS LLC

Current Principal Place of Business:

16701 MEAD HILL DR W UNIT2A
LOXAHATCHEE, FL 33470

New Principal Place of Business:

16701 MEAD HILL DR W
LOXAHATCHEE, FL 33470

Current Mailing Address:

16701 MEAD HILL DR W
LOXAHATCHEE, FL 33470

New Mailing Address:

16701 MEAD HILL DR W
2A
LOXAHATCHEE, FL 33470

FEI Number: 20-1375065 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BENJAMIN, WINSOME
16057 E YORKSHIRE DR
LOXAHATCHEE, FL 33470 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: VIOLET, MCDONALD
Address: 16701 MEAD HILL DR W UNIT 2A
City-St-Zip: LOXAHATCHEE, FL 33470

Title: MGR () Delete
Name: BENJAMIN, WINSOME
Address: 16701 MEAD HILL DR W UNIT 2A
City-St-Zip: LOXAHATCHEE, FL 33470

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: WINSOME BENJAMIN

MGRM

07/14/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date