

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 19, 2008 8:00 am
Secretary of State

02-19-2008 90064 014 ***143.75

60009158



01142008 Chg-LLC CR2E083 (12/06)

FEI Number
20-1286491

Applied For	Not Applicable
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Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

DOCUMENT # L04000039409	
1. Entity Name WELP HOTEL, L.C.	
Principal Place of Business C/O ESTEIN & ASSOCIATES USA, LTD 5211 INTERNATIONAL DR ORLANDO, FL 32819	Mailing Address C/O ESTEIN & ASSOCIATES USA, LTD 5211 INTERNATIONAL DR ORLANDO, FL 32819
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

C/O Estein & Associates USA Ltd.
4705 S. Apopka Vineland Road, Suite 201
Orlando, Fla. 32819

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4705 S. Apopka Vineland Road, Suite 201
Orlando, Fla. 32819

6. Name and Address of Current Registered Agent ESTEIN, LOTHAR C/O ESTEIN & ASSOCIATES USA, LTD 5211 INTERNATIONAL DR ORLANDO, FL 32819	7. Name and Address of New Registered Agent Name ESTEIN, LOTHAR C/O ESTEIN & ASSOCIATES USA, LTD Street Address (P.O. Box Number is Not Acceptable) 4705 S. Apopka Vineland Rd Suite 201 City Orlando FL Zip Code 32819
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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 \$138.75
After May 1, 2008 Fee will be \$538.75**

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

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ESTEIN MANAGEMENT CORPORATION 5211 INTERNATIONAL DR ORLANDO, FL 32819 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Estein Management Corporation 4705 S. Apopka Vineland Rd. Ste. 201 Orlando, FL 32819 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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]* **2/12/08** **(407) 909-2200**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #