# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 16, 2009**
**Secretary of State**

DOCUMENT# L04000042602

**Entity Name:** WENDEL BROTHERS INVESTMENTS, LLC

**Current Principal Place of Business:**

5150 SOUTH FLORIDA AVENUE
SUITE 318
LAKELAND, FL 33813 US

**New Principal Place of Business:**

2786 SUMMITVIEW DR
LAKELAND, FL 33812 US

**Current Mailing Address:**

P.O. BOX 5078
LAKELAND, FL 33807 US

**New Mailing Address:**

**FEI Number: 20-1327432** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WENDEL, JOHN F
336 WEST HIGHLAND DR
LAKELAND, FL 33813 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: WENDEL, JOHN F
Address: 336 WEST HIGHLAND DR
City-St-Zip: LAKELAND, FL 33813

Title: MGRM ( ) Delete
Name: WENDEL, ALBERT G
Address: 5120 SOUTH FLORIDA AVE SUITE 318
City-St-Zip: LAKELAND, FL 33813

**ADDITIONS/CHANGES:**

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

Title: MGRM (X) Change ( ) Addition
Name: WENDEL, ALBERT G
Address: 2786 SUMMITVIEW DR
City-St-Zip: LAKELAND, FL 33812

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: ALBERT G. WENDEL MGRM 04/16/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date