


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 21, 2005 8:00 am**  
**Secretary of State**

04-08-2005 90276 040 \*\*\*150.00

<b>DOCUMENT # L04000051480</b> 1. Entity Name <b>WENTWORTH ENTERPRISES, LLC</b>					
Principal Place of Business <b>8423 N. NEBRASKA AVE TAMPA FL 33604</b>			Mailing Address <b>8423 N. NEBRASKA AVE TAMPA FL 33604</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>WENTWORTH, CHARLES 8423 N. NEBRASKA AVE TAMPA FL 33604</b>				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				<div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 resigning) DATE _____					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2005</b>					
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE	MGRM		TITLE		
NAME	WENTWORTH, CHARLES		NAME		
STREET ADDRESS	904 E FLORA ST		STREET ADDRESS		
CITY- ST- ZIP	TAMPA FL 33604		CITY- ST- ZIP		
TITLE	MGRM		TITLE		
NAME	LOPEZ, YVONNE		NAME		
STREET ADDRESS	8423 N. NEBRASKA AVE		STREET ADDRESS		
CITY- ST- ZIP	TAMPA FL 33604		CITY- ST- ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
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.					
<b>SIGNATURE: <i>Charles Wentworth</i></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<b>4/4/05</b> <small>Date</small>		<b>813-931-2602</b> <small>Daytime Phone #</small>

30005113



1st MOORE CR2E083 (10/04)

4. FEI Number **03-0545508** Applied For ☐ Not Applicable ☒

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