2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000055308

Entity Name: WILCHES AND DAUGHTERS, LLC

FILED May 05, 2009 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:	
	40 TERRACE E PINES, FL 33028		
Current Mailing Address:		New Mailing Address:	
	40 TERRACE E PINES, FL 33028		
	e with s. 607.193(2)(b), F.S., the limited liability company did		e prior notice.
Name and	Address of Current Registered Agent:	Name and	Address of New Registered Agent:
ELSA P DE MACNULTY 1825 NW 140 TERRACE PEMBROKE PINES, FL 33028 US		ELSA P MCNULTY 1825 NW 140 TERRACE PEMBROKE PINES, FL 33028 US	
The above in the State	named entity submits this statement for the purpose of Florida.	of changing it	ts registered office or registered agent, or both,
SIGNATURE: ELSA P MCNULTY			05/05/2009
	Electronic Signature of Registered Agent		Date
MANAGING MEMBERS/MANAGERS:		ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	MGRM () Delete DE MACNULTY, ELSA P 1825 NW 140 TERRACE PEMBROKE PINES, FL 33028	Title: Name: Address: City-St-Zip:	MGRM (X) Change () Addition MCNULTY, ELSA P 1825 NW 140 TERRACE PEMBROKE PINES, FL 33028
Title: Name: Address: City-St-Zip:	MEMB () Delete WILCHES, NICOLAS 1825 NW 140 TERRCE PEMBROKE PINES, FL 33028	Title: Name: Address: City-St-Zip:	()Change ()Addition
Title: Name: Address: City-St-Zip:	MEMB () Delete ROZO DE WILCHES, LIGIA 1825 NW 140 TERRACE PEMBROKE PINES, FL 33028	Title: Name: Address: City-St-Zip:	()Change ()Addition
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	MEMB () Change (X) Addition WILCHES, LUZ 1825 NW 140 TERRACE PEMBROKE PINES, FL 33028
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	MEMB () Change (X) Addition WILCHES, CAROLINA 1825 NW 140 TERRACE PEMBROKE PINES, FL 33028
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	MEMB () Change (X) Addition WILCHES, ELEANA 1825 NW 140 TERRACE PEMBROKE PINES, FL 33028

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: ELSA P MCNULTY MEMB 05/05/2009