## 2005 LIMITED LIABILITY COMPANY

## **ANNUAL REPORT**

CITY-ST-ZIP

Apr 18, 2005 8:00 am Secretary of State DOCUMENT # L0400057061 1. Entity Name 04-18-2005 90074 012 \*\*\*\*50.00 SPINWELL HOLDINGS, LLC Principal Place of Business Mailing Address 20034885 13416 MONTCLAIR PLACE 13416 MONTCLAIR PLACE LAKEWOOD RANCH, FL 34202 LAKEWOOD RANCH, FL 34202 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04012005 Chg-LLC CR2E083 (10/03) City & State City & State 4. FEI Number Applied For 20-1453974 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WILSON, MICHAEL J Street Address (P.O. Box Number is Not Acceptable) 200 SOUTH ORANGE AVENUE SARASOTA, FL 34236 City Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. President MERM JIIV Wellinger 13416 Montdail HACE Delete TITLE TITLE □ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP KELLOOD ALNOH, FL 34202 TITLE ☐ Delete TITLE Change ☐ Addition CheDA. WEllinga NAME NAME 13416 Montelmia Place STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKELLOOD MINCH FL 34202 Michael Spinozzi TITLE . - Delete TITLE -Change - Addition NAME NAME 4734 LOHE ROAD STREET ADDRESS STREET ADDRESS ANNALBOR MI 48108 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE MGAL ☑ Change ☐ Addition Yolanda Spinozzi NAME NAME STREET ADDRESS STREET ADDRESS 4734 LOHE ROAD CITY-ST-ZIP CITY-\$T-ZIP 45108 Delete TITLE Change Onitibos NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

**FILED** 

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.

CITY-ST-7IP