

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 14, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000027857

1. Entity Name
KINGWELL ENTERPRISES LLC



Principal Place of Business
**5702 SW 9TH COURT
CAPE CORAL, FL 33914**

Mailing Address
**5702 SW 9TH COURT
CAPE CORAL, FL 33914**



04112008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2601989

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KING, SCOTT E
5702 SW 9TH COURT
CAPE CORAL, FL 33914**

**DO NOT WRITE
IN THIS SPACE**

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**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	WELLS, DOUGLAS A
STREET ADDRESS	618 SW 57TH STREET
CITY-ST-ZIP	CAPE CORAL, FL 33914
TITLE	MGRM
NAME	WELLS, DONNA MARIE
STREET ADDRESS	618 SW 57TH STREET
CITY-ST-ZIP	CAPE CORAL, FL 33914
TITLE	MGRM
NAME	KING, SCOTT E
STREET ADDRESS	5702 SW 9TH COURT
CITY-ST-ZIP	CAPE CORAL, FL 33914
TITLE	MGRM
NAME	KING, MARGARET G
STREET ADDRESS	5702 SW 9TH COURT
CITY-ST-ZIP	CAPE CORAL, FL 33914
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000994580
04/24/08-80034-004 138.75

**DO NOT WRITE
IN THIS SPACE**

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:

Margaret G King
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4-11-08

Date

2396913014

Daytime Phone #