

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 17, 2007 8:00 am
Secretary of State

01-17-2007 90012 012 ****50.00

DOCUMENT # L05000093322

1. Entity Name
LATANIC LLC



Principal Place of Business
**3914 WEST RIVERSIDE DRIVE
FT. MYERS, FL 33901**

Mailing Address
**3914 WEST RIVERSIDE DRIVE
FT. MYERS, FL 33901**



01102007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
54-2183781

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HEUMAN - ENNEN, ELIZABETH
3914 WEST RIVERSIDE DR
FORT MYERS, FL 33901**

**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 renewing)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HERMAN-ENNEN, ELIZABETH 3914 WEST RIVERSIDE DRIVE FT. MYERS, FL 33901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VOO W.C.E. INVESTMENT HOLDINGS, LLC 3914 WEST RIVERSIDE DRIVE FT. MYERS, FL 33901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HERMAN-ENNEN, ELIZABETH 3914 WEST RIVERSIDE DRIVE FT. MYERS, FL 33901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T W.C.E. INVESTMENT HOLDINGS, LLC 3914 WEST RIVERSIDE DRIVE FT. MYERS, FL 33901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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: _____

Elizabeth Ennen

1/17/07

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

Date

Daytime Phone #