


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 25, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000118722 1. Entity Name SANDRA W. WELLES RANCH, "LIMITED LIABILITY COMPANY"	
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Principal Place of Business 3779 S.E. COUNTY ROAD 760 ARCADIA FL 34266	Mailing Address 3779 S.E. COUNTY ROAD 760 ARCADIA FL 34266
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

2nd MOORE CR2E083 (4/08)

4. FEI Number NO-T APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WALDRON, EUGENE E JR 124 NORTH BREVARD AVENUE ARCADIA FL 34266	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City FL 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 _____ (NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$538.75
Make Check Payable to Florida Department of State
Due By September 3, 2008

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the limited liability company certifies it did not receive prior notice. Fee to file is \$138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE: MGR <input type="checkbox"/> Delete NAME: WELLES, SANDRA W STREET ADDRESS: 3779 S. E. COUNTY ROAD 760 CITY-ST-ZIP: ARCADIA FL 34266	
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10. ADDITIONS/CHANGES	
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	U00000958304 08/25/08-80003-017 138.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	
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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: Sandra W. Welles Date: 8/15/08 Daytime Phone #: 828-966-4532

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