



# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Jan 25, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L05000122598</b> 1. Entity Name <b>WHETSEL ENTERPRISES, LLC</b>					
Principal Place of Business <b>6551 PALMER PARK CIRCLE SARASOTA FL 34238</b>			Mailing Address <b>6551 PALMER PARK CIRCLE SARASOTA FL 34238</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		  1st MOORE CR2E083 (10/06)	
City & State		City & State			
Zip Country		Zip Country			
4. FEI Number <b>06-1764131</b>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				6. Name and Address of Current Registered Agent  <b>VOIGT &amp; VOIGT, P.A. 2042 BEE RIDGE RD. SARASOTA FL 34239</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small>					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2007</b>					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM WHETSEL, GARY 6551 PALMER PARK CIRCLE SARASOTA FL 34238	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY ST ZIP	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY ST ZIP	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY ST ZIP	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.					
<div style="display: flex; justify-content: space-between;"> <div> <b>SIGNATURE:</b> <u>Gary H. Whetzel</u>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> </div> <div> <b>Gary H. Whetzel</b>  <small>Date</small> </div> <div> <b>1/23/07</b>  <small>Daytime Phone #</small> </div> <div> <b>941-921-2992</b> </div> </div>					