2007 LIMITED LIABILITY COMPANY, ANNUAL REPORT (AR)

Apr 09, 2007 8:00 am Secretary of State DOCUMENT # L06000050990 04-09-2007 90341 042 ****50 00 BRIDGET WELLENC SCREENING LLC Principal Place of Business Mailing Address 13513 OVERTON AVENUE 13513 OVERTON AVENUE PORT CHARLOTTE FL 33981 PORT CHARLOTTE FL 33981 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suito, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/06) City & State City & State Applied For 4. FEI Number Not Applicable Zip Country Zip Country \$5.00 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WELLENC, BRIDGET A 13513 OVERTON AVENUE Street Address (P.O. Box Number is Not Acceptable) PORT CHARLOTTE FL 33981 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. TITLE MGR ☐ Delete Change ☐ Addition NAME WELLENC, BRIDGET A STREET ADDRESS 13513 OVERTON AVENUE STREET ADDRESS CITY-ST-ZIP PORT CHARLOTTE FL 33981 CITY-ST-ZIP THILE Delete ш Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY ST-71P CITY-ST-ZIP FITLE ☐ Defele Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE Delete ШО ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: Brid a Weller Bridget A. WELLERE SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER. MANAGER, OR AUTHORIZED REPRESENTATIVE

☐ Delete

CITY-SI-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

25.07

941-276-2593

Addition

Daytime Pho

FILED