


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 19, 2008 8:00 am
Secretary of State

02-19-2008 90064 012 ***143.75

DOCUMENT # L06000085976		
1. Entity Name WELP OPPORTUNITY, L.C.		
Principal Place of Business % ESTEIN & ASSOCIATES USA, LTD. 5211 INTERNATIONAL DR. ORLANDO, FL 32819	Mailing Address % ESTEIN & ASSOCIATES USA, LTD. 5211 INTERNATIONAL DR. ORLANDO, FL 32819	
2. Principal Place of Business - No P.O. Box #	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	

00000100



C/O Estein & Associates USA Ltd.
4705 S. Apopka Vineland Road, Suite 201
Orlando, Fla. 32819

C/O Estein & Associates USA Ltd.
4705 S. Apopka Vineland Road, Suite 201
Orlando, Fla. 32819

01142008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-5478102	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent ESTEIN, LOTHAR % ESTEIN & ASSOCIATES USA, LTD. 5211 INTERNATIONAL DR. ORLANDO, FL 32819	7. Name and Address of New Registered Agent Name <u>ESTEIN, LOTHAR C/O ESTEIN & ASSOC. USA, LTD.</u> Street Address (P.O. Box Number is Not Acceptable) <u>4705 S. Apopka Vineland Rd</u> <u>Suite 201</u> City <u>Orlando</u> FL Zip Code <u>32819</u>
---	---

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ESTEIN MANAGEMENT CORPORATION % 5211 INTERNATIONAL DR. ORLANDO, FL 32819 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Estein Management Corporation 4705 S. Apopka Vineland Rd. Ste. 201 Orlando, FL 32819 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	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 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:



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

2/12/08

Date

(407) 909-2200

Daytime Phone #