


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT


**FILED**  
**Jul 12, 2007 8:00 am**  
**Secretary of State**

07-12-2007 90009 047 \*\*\*\*50.00

<b>DOCUMENT # L06000096886</b>	
1. Entity Name <b>WET CHECKS UNLIMITED, LLC</b>	

Principal Place of Business <b>26756 TOKEN CT BONITA SPRINGS, FL 34136 US</b>	Mailing Address <b>P.O. BOX 366512 BONITA SPRINGS, FL 34136 US</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address <b>P.O. Box 366512</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State <b>Bonita Springs, FL</b>
Zip	Country
<b>34136</b>	<b>FL</b>


	
07092007 Chg-LLC	CR2E083 (12/06)
4. FEI Number <b>367842224</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent	
<b>PREVATT, DALE E 26756 TOKEN CT BONITA SPRINGS, FL 34136</b>	

7. Name and Address of New Registered Agent	
Name <b>Dale E. Prevatt</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>26756 Token Ct</b>	
City <b>Bonita Springs</b>	FL Zip Code <b>34136</b>
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 <b>7/09/07</b>
(NOTE: Registered Agent signature required when reinstating)	

<b>Filing Fee is \$50.00 Due by September 14, 2007</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRES PREVATT, DALE E 26756 TOKEN CT BONITA SPRINGS, FL 34136</b> <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
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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: 	<b>Dale Prevatt ; 7/09/07 ; 239-289-2410</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	
Date	Daytime Phone #