


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

May 13, 2008 8:00  
Secretary of State

05-13-2008 90066 001 \*\*\*138.75

DOCUMENT # L06000101491	
1. Entity Name WENCON, LLC	

Principal Place of Business 225 EAST LEMON STREET SUITE 351 LAKELAND, FL 33801	Mailing Address P.O. BOX 2808 LAKELAND, FL 33806-2808
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2. Principal Place of Business - No P.O. Box # 336 W. HIGHLAND DRIVE	3. Mailing Address 336 W. HIGHLAND DRIVE
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Suite, Apt. #, etc. SUITE 4	Suite, Apt. #, etc. SUITE 4
City & State LAKELAND, FLORIDA	City & State LAKELAND, FLORIDA

Zip 33813	Country POLK	Zip 33813	Country POLK
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03262008 Chg-LLC CR2E083 (12/06)

4. FEI Number NOT APPLICABLE	Applied Not Ap
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Addition Fee Required
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6. Name and Address of Current Registered Agent

WENDEL, JOHN F  
225 EAST LEMON STREET, SUITE 351  
WENDEL & CHRITTON  
LAKELAND, FL 33801

7. Name and Address of New Registered Agent

Name  
WENDEL, JOHN F.  
Street Address (P.O. Box Number is Not Acceptable)  
336 W. HIGHLAND DRIVE  
SUITE 4  
City  
LAKELAND FL Zip Code  
33813


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 the obligations of registered agent.

SIGNATURE  4/22/08  
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
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WENDEL, JOHN F P.O. BOX 2808 LAKELAND, FL 338062808 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WENDEL, JOHN F. 336 W. HIGHLAND DRIVE LAKELAND, FLORIDA 33813 <input checked="" type="checkbox"/> Change <input type="checkbox"/>
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"/>
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"/>
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"/>
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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"/>

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 a limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  4/22/08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #