

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90175 034 ***138.75

DOCUMENT # L06000111464

1. Entity Name
WELLINGTON BARN II, LLC



Principal Place of Business
**7714 FISHER ISLAND DRIVE
FISHER ISLAND, FL 33109**

Mailing Address
**7714 FISHER ISLAND DRIVE
FISHER ISLAND, FL 33109**

60021861



2. Principal Place of Business - No P.O. Box #
3629 Aiken Court

3. Mailing Address
**c/o Mario G. de Mendoza, III,
P.A., 12765 Forest Hill Blvd.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.
Suite 1302

02282008 Chg-LLC CR2E083 (12/06)

City & State
Wellington, FL

City & State
Wellington, FL

4. FEI Number
NOT APPLICABLE

Applied For
☐ Not Applicable

Zip
33414

Country
USA

Zip
33414

Country
USA

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

6. Name and Address of Current Registered Agent

**MARIO G. DE MENDOZA III, P.A.
12765 FOREST HILL BOULEVARD
SUITE 1302
WELLINGTON, FL 33414**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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)

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

TITLE **MGR** ☒ Delete
NAME **POTAMKIN, ROBERT**
STREET ADDRESS **7714 FISHER ISLAND DRIVE**
CITY-ST-ZIP **FISHER ISLAND, FL 33109**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Change ☒ Addition
NAME **Potamkin Ganzi, Melissa**
STREET ADDRESS **3629 Aiken Court**
CITY-ST-ZIP **Wellington, FL 33414**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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

Melissa Potamkin Ganzi, Manager

4/9/08

Date

Daytime Phone #