

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000056932

FILED
Apr 08, 2009
Secretary of State

Entity Name: FITZ-WELLS, LLC

Current Principal Place of Business:

105 HALLMARK AVE.
LAKE PLACID, FL 33852

New Principal Place of Business:

Current Mailing Address:

105 HALLMARK AVE.
LAKE PLACID, FL 33852

New Mailing Address:

P.O. BOX 2624
LAKE PLACID, FL 33862

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NICI, JAMES R ESQ
COX & NICI
1185 IMMOKALEE ROAD, SUITE 110
NAPLES, FL 34110 US

Name and Address of New Registered Agent:

WILLIAM J. NIELANDER, P.A.
172 E. INTERLAKE BLVD.
LAKE PLACID, FL 33852 US

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.

SIGNATURE: WILLIAM J. NIELANDER

04/08/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: FITZGERALD, DEBORAH
Address: 4679 GOLFVIEW BLVD.
City-St-Zip: LEHIGH ACRES, FL 33973

Title: MGR () Delete
Name: WELLS, ROBERT JAMES
Address: P.O. BOX 2624
City-St-Zip: LAKE PLACID, FL 33862

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ROBERT JAMES WELLS

MGR

04/08/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date