

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000079505

Entity Name: WETZEL LLC

**FILED**  
**Apr 06, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

6196 N. BISCAYNE  
NORTH PORT, FL 34286

**New Principal Place of Business:**

6196 N. BISCAYNE  
NORTH PORT, FL 34291

**Current Mailing Address:**

6196 N. BISCAYNE  
NORTH PORT, FL 34286

**New Mailing Address:**

6196 N. BISCAYNE  
NORTH PORT, FL 34291

FEI Number: 27-3133487

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WETZEL, CHRISTINE  
6196 N. BISCAYNE  
NORTH PORT, FL 34286 US

**Name and Address of New Registered Agent:**

WETZEL, CHRISTINE  
6196 N. BISCAYNE  
NORTH PORT, FL 34291 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: CHRISTINE WETZEL

04/06/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: WETZEL, CHRISTINE  
Address: 6196 N. BISCAYNE  
City-St-Zip: NORTH PORT, FL 34291

Title: MGRM  
Name: WETZEL, DAVID  
Address: 6196 N. BISCAYNE  
City-St-Zip: NORTH PORT, FL 34291

Title: MGRM  
Name: WETZEL, HAROLD  
Address: 13044 VIA AURELIA  
City-St-Zip: PLACIDA, FL 33946

Title: MGRM  
Name: WETZEL, GAIL  
Address: 13044 VIA AURELIA  
City-St-Zip: PLACIDA, FL 33946

I hereby 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: CHRISTINE WETZEL

MGRM

04/06/2011

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