

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000033460

**FILED**  
**Apr 17, 2012**  
**Secretary of State**

**Entity Name:** WELLCOM PROPERTIES 4 LLC

**Current Principal Place of Business:**

1193 QUEENS HARBOR BLVD  
JACKSONVILLE, FL 32225

**New Principal Place of Business:**

**Current Mailing Address:**

1193 QUEENS HARBOR BLVD  
JACKSONVILLE, FL 32225

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

MARCROFT, STEPHANIE K  
1193 QUEENS HARBOR BLVD  
JACKSONVILLE, FL 32225 US

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

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** MARCROFT, STEPHANIE K  
**Address:** 1193 QUEENS HARBOR BLVD  
**City-St-Zip:** JACKSONVILLE, FL 32225

**Title:** MGRM  
**Name:** MARCROFT, PAUL R  
**Address:** 1193 QUEENS HARBOR BLVD  
**City-St-Zip:** JACKSONVILLE, FL 32225

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:** STEPHANIE MARCROFT

MGRM

04/17/2012

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