

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000071463

Entity Name: WELOWE, LLC

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

439 S.W. MAIN BLVD  
LAKE CITY, FL 32025

**New Principal Place of Business:**

439 S.W. MAIN BLVD  
LAKE CITY, FL 32025 UN

**Current Mailing Address:**

439 S.W. MAIN BLVD  
LAKE CITY, FL 32025 US

**New Mailing Address:**

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

WHEELER, WENDELL W  
439 S.W. MAIN BLVD  
LAKE CITY, FL 32025 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: WHEELER, WENDELL W  
Address: 439 S.W. MAIN BLVD  
City-St-Zip: LAKE CITY, FL 32025

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: WENDELL W. WHEELER

MR

04/30/2012

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