

L140000108865

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

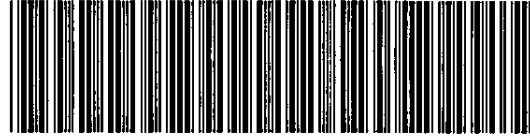
(Business Entity Name)

(Document Number)

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STATE
SECRETARY OF
DIVISION OF CORPORATIONS
2015 MAY 18 AM 10:07

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10 5/20/15

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Wenni LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Natacha Hess
Name of Person

Wenni LLC
Firm/Company

12961 Turtle Cove Trail
Address

North Fort Myers, FL, 33903
City/State and Zip Code

FAMILLEHESS@HOTMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Natacha Hess at (239) 938 54 20
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 30, 2015

NATACHA HESS
WENNI LLC
12961 TURTLE COVE TRAIL
NORTH FORT MYERS, FL 33903

SUBJECT: WENNI, LLC
Ref. Number: L14000108865

We have received your document for WENNI, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 915A00008905

Attached you will find the correct application form.

Regards

D.H.P.

RECEIVED
15 MAY 18 AM 11:18
DIVISION OF STATE
CORPORATIONS
TALLAHASSEE, FLORIDA

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR
LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: Wenni LLC

2. (a) 12961 Turtle Cove Trail (b) 12961 Turtle Cove Trail

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

North Fort Myers, FL, 33903

North Fort Myers, FL, 33903

3. July 09, 2014
Date of filing/registration in Florida

4. L14000108865
Document number

5. (a) Discount Registered Agent
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

493 Boundary Blvd
Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

Rotonda West, FL 33947

(b) Natacha Hess
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

12961 Turtle Cove Trail
NEW Registered Office Address:

~~North Fort Myers, FL, 33903~~

North Fort Myers, FL 33903

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
2015 MAY 18 AM 10:07

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]
Signature of a member or authorized representative of a member

NATACHA HESS
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]
Signature of Registered Agent