## L16 000092998

(Requestor's Name)				
(Ad	dress)			
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Do	cument Number)	<del></del>		
·	·			
Certified Copies	Certificates	s of Status		
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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TILED

D SCOTT



September 27, 2018

ADRIENNE WINBUSH 3896 LOON LANE SANFORD, FL 32773

SUBJECT: WBR ENTERPRISES LLC

Ref. Number: L16000092998

We have received your document for WBR ENTERPRISES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please type or print name of signee.

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) 245-6051.

Dionne M Scott Regulatory Specialist II

Letter Number: 518A00020209

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## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: WBR Enter	prises LLC me of Limited Liability Company	
Na	ine of Limited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Of	ffice Change and fee(s) are submitted for filing.	
Please return all correspondence concerning t	his matter to the following:	
Adrienne. Winbush		
Adrienne Winbush Name of Person		
WBR Enterprises LLC	·	3
3896 Loon Lare	<del></del>	آ این
Sanford, FL 32773 City/State and Zip Code	3-	S.
E-mail address: (to be used for future an	nnual report notification)	
For further information concerning this matte		
Adnerne Winbush	at (407 ) 5294057	
Name of Person	Area Code & Daytime Telephone Numbe	:r
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 followin	g amount:	
\$25 Filing Fee	□ \$55 Filing Fee & Certified Copy	

INHS18 (2/14)

## 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. Na	ime of the limited liability company:WBR_	Enterpris	BLLC
2. (a)	3896 Loon Lane	(b)	Same As Principle
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Sanford, F. 32773		
2	5 17 16 Date of filing/registration in Florida	<del></del>	L14000092998
3.		4.	Document number
5. (a)	Adrence Winbush Registered Agent and Registered Office shown on the records of	of the Electede Dans	
	176 Lakebreeze Circle	or me rionua izepe.	or state.
	Registered Office Address (MUST BE FLORIDA STREET	T ADDRESS)	
	Lake Mary	<del> </del>	
	<del></del>	7074	رب ' <u>- ا</u>
	, F	1 3274	م د م
(b)	Same As Above		, 5
. ,	Enter name of NEW Registered Agent and/or NEW Registered	ed Office address:	
	3896 Loon Lane		
	NEW Registered Office Address:		<del></del>
	_		<del></del>
	Sanford	1 32773	<u> </u>
the cha agent v was/we	imited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members cles of organization or the operating agreement of the	of the registered liability compan s of the limited li	office and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in y company.
Signa	ture of a member or authorized representative of a member	<del></del>	Adrience Winbsh Printed or typed name of signee
provisi the obl to mer	by accept the appointment as registered agent and a ons of all statutes relative to the proper and complet igations of my position as registered agent as provide ely reflect a change in the registered office address. Tin writing of this change:	gree to act in thi le performance o led for in Chapte I hereby confirm	s capacity. I further agree to comply with the of my duties, and I am familiar with and accepter 605, F.S. Or, if this document is being filed that the limited liability company has been
Signatu	re of Registered Agent		