

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L92000000033

1. Entity Name

WELP ORLANDO OUTLET, L.C.



FILED

03 OCT 16 PM 3:56

SECRETARY OF STATE
TALLAHASSEE FLORIDA

RJH

Principal Place of Business

Mailing Address

5211 INTERNATIONAL DR.
ORLANDO FL 328195211 INTERNATIONAL DR.
ORLANDO FL 32819

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

74-2651872

Applied For

Not Applicable

5. Certificate of Status Desired

☒\$5.00 Additional
Fee Required

8. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ESTEIN, LOTHAR
5211 INTERNATIONAL DRIVE
ORLANDO FL 32819

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State

Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ AdditionTITLE M/M MGR
NAME ESTEIN, LOTHAR
STREET ADDRESS 5211 INTERNATIONAL DRIVE
CITY-ST-ZIP ORLANDO FL 32819 ☐ DeleteNAME MEM
STREET ADDRESS LUX, WALTER
CITY-ST-ZIP 5211 INTERNATIONAL DRIVE
ORLANDO FL 32819 ☒ DeleteTITLE MEM
NAME PRAUSE, WALTER
STREET ADDRESS 5211 INTERNATIONAL DRIVE
CITY-ST-ZIP ORLANDO FL 32819 ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
800035177318
04/02/03--01054--021 **\$5.00TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

LOTHAR ESTEIN

03/28/03

407 354 3307