DOCUMENT # L98000003373				FILED
w.s.	E.=F., L.L.C.		<i>♦</i> }	01 MAY -7 PM 3: 12
Provide Discourse Annual Annua				SECRETARY OF STATE TALLAHASSEE, FLORIDA
Principal Place of Business Mailing Address  34031 Highland Drive 34031 Highland Dr			land Drive	INCEMINISTELLI CONTON
	ırg, FL 34788	Leesburg,		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & State		City & State		4. FEI Number Applied For S 9 = 3 5 5 3 3 4 9 Not Applicable
Zip	Country	Zip	Country	59-3553349   Not Applicable  5. Certificate of Status Desired   \$5.00 Additional Fee Required
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent
			Name_	
	lker, Lynn M. 031 Highland Driv	<b>n</b>	Street Addres	ss (P.O. Box Number is Not Acceptable)
	sburg, FL 34788	-		
\			City	FL Zip Code
SIGNATURE .	Solution tyles will define of passents agen	initial repolicable (NO)	AVA CWA	atered agreet, or both, in the State of Florida.  Sologion  DATE
•	<b>\</b>	I !?	OWIII FEE IS \$50.0	. 1
			yable to Departmen	nonStatem
9, TITLE	MANAGING MEME	ERS/MEMBERS  Delete	10.	ADDITIONS/CHANGES
NAME	MGR Walker, Lynn M.	L Delete	NAME	Change C Addition
STREET ADDRESS CITY-ST-ZIP	34031 Highland	Oríve	STREET ADDRESS ( CITY-ST-ZIP	
TITLE	Leesburg, FL 3	4 7 8 8	TITLE	TADA Hige 'Q Addition
NAME STREET ADDRESS	<b>-</b>		NAME STREET ADDRESS	•
CITY-ST-ZIP			CITY~ST-ZIP	
TITLE '		[☐ Delete	TITLE NAME	Change Addition
STREET ADDRESS ( City-ST-ZIP			STREET AODRESS CITY-ST-ZIP	7000043760075 -06/07/0101096013 *****50.00 *****50.00
ΓITLE ₽ÌAME		[☐ Delete	TITLE	Change Addition
STREET ADDRESS		·- ·- · · · · · · · · · · · · · · · · ·	NAME STREET ADDRESS CITY-ST-ZIP	
TITLE		☐ Delete	TITLE NAME	Change Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	
TITLE '	$\wedge$	☐ Delete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP	( )		STREET ADDRESS CITY-ST-ZIP	
	ertify that the information supplied with	this filing does not qualify for		Section 119.07(3)(i), Florida Statutes. I further certify that the information if made under oath that I am a managing member or manager of the
limited liab	of this report is true and accurate and oility company or the receiver or trusted	empowered to execute this r	rie same legal effect as l eport as required by Cha	anter 608. Florida statutes.
SIGNAT	IDE. Ahallik	ANDO	WANDOWS	Lating 5-0501(352) 728-3755

Date

Daytime Phone #