

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 06, 2003 8:00 am**  
**Secretary of State**

03-06-2003 90004 002 \*\*\*\*50.00

**DOCUMENT # L98000003373**



1. Entity Name  
**W.S.E-F., L.L.C.**

Principal Place of Business  
**34031 HIGHLAND DRIVE  
LEESBURG FL 34788**

Mailing Address  
**34031 HIGHLAND DRIVE  
LEESBURG FL 34788**

2. Principal Place of Business  
**31847 Harris Rd**  
Suite, Apt. #, etc.

3. Mailing Address  
**31847 Harris Rd**  
Suite, Apt. #, etc.

City & State  
**Tavares, FL**  
Zip  
**32778**

Country

City & State  
**Tavares, FL**  
Zip  
**32778**

Country

4. FEI Number **59-3553349**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES



**6. Name and Address of Current Registered Agent**

**WALKER, LYNN M  
34031 HIGHLAND DRIVE  
LEESBURG FL 34788  
31847 HARRIS RD  
TAVARES, FL 32778**

**7. Name and Address of New Registered Agent**

Name **WALKER LYNN M.**  
Street Address (P.O. Box Number is Not Acceptable)  
**31847 Harris Rd**  
City **Tavares** FL Zip Code **32778**

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**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>MGR</b>			
	<b>WALKER, LYNN M</b>			
	<b>34031 HIGHLAND DRIVE</b>			
	<b>LEESBURG FL 34788</b>			

**10. ADDITIONS/CHANGES**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		<b>31847 Harris Rd</b>		
		<b>Tavares, FL 32778</b>		

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**3-3-03 352-342-0010**

CR2E083 (10/02)