

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000002817

1. Entity Name

SUNDANCE OF SOUTH FLORIDA L.L.C.

FILED  
May 07, 2002 8:00 am  
Secretary of State

05-07-2002 90340 001 \*\*\*200.00

Principal Place of Business

9240 BONITA BEACH ROAD, SUITE 1117  
BONITA SPRINGS FL 34135

Mailing Address

9240 BONITA BEACH ROAD, SUITE 1117  
BONITA SPRINGS FL 34135

2. Principal Place of Business

27299 Riverview Center Blvd

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite #102

City & State  
Bonita Springs, FL 34134

City & State

Zip  
34134

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0941147

Applied For

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

WENWIESER, DIETER  
9240 BONITA BEACH ROAD, SUITE 1117  
BONITA SPRINGS FL 34135

Name

Wenwieser, Dieter

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

27299 Riverview Center Blvd

Suite #102

City

Bonita Springs

FL

Zip Code

34134

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.

SIGNATURE

*D. Wenwieser*

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 Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
WENWIESER, DIETER  
9240 BONITA BEACH ROAD, SUITE 1117  
BONITA SPRINGS FL 34135 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
Wenwieser, Dieter  
27299 Riverview Center Blvd. Suite #102  
Bonita Springs, FL 34134 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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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)(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: *D. Wenwieser* SIGNATURE REQUIRED

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

17 Apr 2002

Date

941 947 9355

Daytime Phone #

CR2E083 (9/01)