2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M01000001040

1. Entity Name
WELSH FLORIDA, LLC

FILED
01 FEB 27 PM 8:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
255 S. ORANGE AVENUE, SUITE 1300
ORLANDO FL 32801

Mailing Address
8200 NORMANDALE BLVD., SUITE 200
MINNEAPOLIS MN 55437

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-4083345 | Applied For | Not Applicable

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

6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent
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.

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 Department of State

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DENNIS, DOYLE 8200 NORMANDALE BLVD., #200 MINNEAPOLIS MN 55437 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Robert DeGrilla 8200 Normandale Blvd, #200 Minneapolis MN 55437 ☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KANE, JEAN 8200 NORMANDALE BLVD., #200 MINNEAPOLIS MN 55437 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LAWRENCE, SUSAN 8200 NORMANDALE BLVD., #200 MINNEAPOLIS MN 55437 ☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700003802567--5 -03/06/01--01091--009 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	*****50.00 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE 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)(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 REQUIRED 2/22/01 (952) 897 7700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)