

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

0051819

DOCUMENT # M02000000673

1. Entity Name

WD LICENSING, LLC



Principal Place of Business

**2288 WILHELMINA CT. NE
PALM BAY FL 32905**

Mailing Address

**2288 WILHELMINA CT. NE
PALM BAY FL 32905**

2. Principal Place of Business

1591 Robert J. Conlan Blvd.

3. Mailing Address

1591 Robert J. Conlan Blvd.

Suite, Apt. #, etc.

Suite 128

Suite, Apt. #, etc.

Suite 128

City & State

Palm Bay, FL

City & State

Palm Bay, FL

Zip

32905

Country

USA

Zip

32905

Country

USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

APPLIED FOR

41-2032835

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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. 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 **MGRM** ☐ Delete
NAME **D & L PARTNERS, L.P.**
STREET ADDRESS **13541 WESTON PARK DRIVE**
CITY-ST-ZIP **TOWN AND COUNTY FL 33308**

TITLE **MGRM** ☐ Delete
NAME **KRETSCHMAR, DEAN**
STREET ADDRESS **3100 N.E. 57TH ST.**
CITY-ST-ZIP **FT. LAUDERDALE FL 33308**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

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

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

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

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:

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

04/29/03

Date

321-768-7770

Daytime Phone #

CR2E083 (10/02)