

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 09, 2004 08:00 AM
Secretary of State

DOCUMENT # M03000001936

1. Entity Name
WELMAN SPERIDES ARCHITECTS, LLC



Principal Place of Business

8500 NORMANDALE LAKE BLVD., SUITE 955
BLOOMINGTON, MN 55437

Mailing Address

8500 NORMANDALE LAKE BLVD., SUITE 955
BLOOMINGTON, MN 55437



07012004No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
41-1908560

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LOUIS BAKKALAPULO, P.A.
111 NORTH BELCHER ROAD, SUITE 201
CLEARWATER, FL 33765

**DO NOT WRITE
IN THIS SPACE**

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

Filing Fee is \$50.00
Due by September 8, 2004

000000164725
07/09/04-80001-009 50.00

9. MANAGING MEMBERS/MANAGERS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM WELMAN, MICHAEL 21675 LONG VIEW DRIVE, #500 WAUKESHA, WI 53186 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM SPERIDES, NICHOLAS S 8500 NORMANDALE LAKE BLVD., SUITE 955 BLOOMINGTON, MN 55437 |
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**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 secretary 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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

NICHOLAS S. SPERIDES

7-6-04

952 996 9662