

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000010207

**Entity Name:** WENT CRUISING LLC

**Current Principal Place of Business:**

5629 HALF MOON LAKE ROAD  
TAMPA, FL 33625

**Current Mailing Address:**

5629 HALF MOON LAKE ROAD  
TAMPA, FL 33625

**FEI Number:** 47-2750580

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

WENT, R FAY  
5629 HALF MOON LAKE ROAD  
TAMPA, FL 33625 US

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name WENT, R FAY  
Address 5629 HALF MOON LAKE ROAD  
City-State-Zip: TAMPA FL 33625

Title AMBR  
Name WENT, TERRANCE M JR  
Address 5629 HALF MOON LAKE ROAD  
City-State-Zip: TAMPA FL 33625

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** R FAY WENT

MGR

01/09/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date