

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000053380

FILED
May 15, 2008
Secretary of State

Entity Name: WELLINGTON PIERCE HOLDINGS, LLC

Current Principal Place of Business:

370 CENTER POINT CIRCLE STE 1154
ALTAMONTE SPRINGS, FL 32701

New Principal Place of Business:

705 WEST SR 434
SUITE D
LONGWOOD, FL 32750

Current Mailing Address:

370 CENTER POINT CIRCLE STE 1154
ALTAMONTE SPRINGS, FL 32701

New Mailing Address:

705 WEST SR 434
SUITE D
LONGWOOD, FL 32750

FEI Number: 20-4000444 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

VOCCIA, DAN
370 CENTER POINT CIRCLE STE 1154
ALTAMONTE SPRINGS, FL 32701 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

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: PIZZUTI, RICHARD A
Address: 5380 DEEPWOODS COURT
City-St-Zip: SANFORD, FL 32771

Title: S () Delete
Name: PIZZUTI, SHARON L
Address: 5380 DEEPWOODS COURT
City-St-Zip: SANFORD, FL 32771

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: SHARON PIZZUTI

S

05/15/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date