

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000106592

**FILED**  
**Mar 31, 2009**  
**Secretary of State**

**Entity Name:** WEG BUSINESS SOLUTIONS, LLC

**Current Principal Place of Business:**

6445 SOUTH CHICKASAW TRAIL  
SUITE 267  
ORLANDO, FL 32829

**New Principal Place of Business:**

**Current Mailing Address:**

6445 SOUTH CHICKASAW TRAIL  
SUITE 267  
ORLANDO, FL 32829

**New Mailing Address:**

**FEI Number:** 26-1269914

**FEI Number Applied For** ( )

**FEI Number Not Applicable** ( )

**Certificate of Status Desired** ( )

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

LUGO, EDUARDO  
6001 LAKE MELROSE DR.  
ORLANDO, FL FL US

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

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: MGMR ( ) Delete  
Name: LUGO, EDUARDO  
Address: 6001 LAKE MELROSE DR.  
City-St-Zip: ORLANDO, FL 32829

Title: MGMR ( ) Delete  
Name: ANDUJAR, WANDA I  
Address: 6001 LAKE MELROSE DR.  
City-St-Zip: ORLANDO, FL 32829

**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: EDUARDO LUGO

MGMR

03/31/2009

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