

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000042607

**Entity Name:** AQUILA WELLINGTON MANAGEMENT COMPANY LLC

**Current Principal Place of Business:**

400 BINKS FOREST DRIVE  
WELLINGTON, FL 33414

**Current Mailing Address:**

400 BINKS FOREST DRIVE  
WELLINGTON, FL 33414 US

**FEI Number:** 20-8891482

**Certificate of Status Desired:** No

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

NRAI SERVICES INC  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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            CEO  
Name            PAUL, JORDAN  
Address        400 BINKS FOREST DRIVE  
City-State-Zip: WELLINGTON FL 33414

Title            P  
Name            WEBER, THOMAS  
Address        400 BINKS FOREST DRIVE  
City-State-Zip: WELLINGTON FL 33414

Title            EVP  
Name            STRONGIN, TERRY  
Address        400 BINKS FOREST DRIVE  
City-State-Zip: WELLINGTON FL 33414

Title            VP  
Name            TOOMEY, PATRICK  
Address        400 BINKS FOREST DRIVE  
City-State-Zip: WELLINGTON FL 33414

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** THOMAS WEBER

**PRESIDENT**

**04/24/2013**

Electronic Signature of Signing Authorized Person(s) Detail

Date