

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 24, 2004 8:00 am**  
**Secretary of State**

03-24-2004 90303 032 \*\*\*\*55.00

**DOCUMENT # L00000002919**

1. Entity Name

**WRIGHT INVESTMENTS, LLC**



Principal Place of Business

**285 WEST 4TH STREET  
PAHOKEE FL 33476**

Mailing Address

**P.O. BOX 394  
PAHOKEE FL 33476**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-1037902**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WRIGHT, NETTIE  
2339 DOUGLAS STREET  
HOLLYWOOD FL 33020**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Florida Department of State  
Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
WRIGHT, NETTIE  
2339 DOUGLAS STREET  
HOLLYWOOD FL 33020** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**Wright, Nettie  
285 Buddy white Ave  
Pahokee FL 33476** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
WRIGHT, ANGELA  
285 WEST 4TH STREET  
PAHOKEE FL 33476** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**Angela Wright  
725 Southmont Ave  
South Williamsport PA 17702** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
DELA-HAYE, AIRNEEZER  
844 WEST 4TH STREET  
WILLIAMSPORT PA 17701** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**DeLa-Haye, Airneezzer  
725 Southmont Ave  
South Williamsport, PA 17702** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
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TITLE  
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STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE: *Nettie Wright***

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**3/22/04**

Date

**561-924-8178**

Daytime Phone #