

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

05-01-2002 91463 043 ****50.00

DOCUMENT # **LO1000003869**

1. Entity Name

WELLINGTON ACQUISITION III, LLC

Principal Place of Business

**4400 WEST SAMPLE ROAD
SUITE 200
COCONUT CREEK FL 33073**

Mailing Address

**4400 WEST SAMPLE ROAD
SUITE 200
COCONUT CREEK FL 33073**

2. Principal Place of Business

4500 PGA Blvd.

3. Mailing Address

4500 PGA Blvd.

Suite, Apt. #, etc.

Suite 207

Suite, Apt. #, etc.

Suite 207

City & State

Palm Beach Gardens, FL

City & State

Palm Beach Gardens, FL

Zip

33418

Country

USA

Zip

33418

Country

USA

4. FEI Number

65-1091296

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SOMERSTEIN, BARRY E ESQ.
200 EAST BROWARD BLVD.
15TH FLOOR
FT. LAUDERDALE FL 33301**

7. Name and Address of New Registered Agent

Name **Phillip Brandt**

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

4500 PGA Blvd.

Suite 207

City

Palm Beach Gardens

FL

Zip Code

33418

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.

SIGNATURE

Phillip Brandt, Agent

4/19/02

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 Department of State
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

10. MGRM ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	DiVosta Perp. Trust Hold.Ltd.	4500 PGA Blvd., Suite 207	Palm Beach Gardens, FL 33418		

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:

SIGNATURE REQUIRED

4/19/02 561/691-9050

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

Phillip Brandt, Managing Member

Date

Daytime Phone #

CR20083 (9/01)