

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000031520
1. Entity Name
WEDDINGTON DEVELOPMENT GROUP, LLC



DO NOT WRITE IN THIS SPACE

55031996

2. Principal Place of Business
3263 GOLDEN GATE PKWAY
Suite, Apt. #, etc.
SUITE D
City & State
NAPLES FL
Zip
34116
Country
USA

3. Mailing Address
P.O. Box 8719
Suite, Apt. #, etc.
City & State
Naples FL
Zip
34101
Country
USA

DO NOT WRITE IN THIS SPACE

4. FEI Number
03-0494443
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

7. Name and Address of Current Registered Agent
Name
JACOB WEDDINGTON RAMSEY
Street Address (P.O. Box Number is Not Acceptable)
4901 GULF SHORE BLVD N #1901
City
NAPLES FL
Zip Code
34103

**DO NOT WRITE
IN THIS SPACE**

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

Jacob W. Ramsey
Signature, typed or printed name of registered agent and title if applicable

DATE

FEE IS \$50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

| | |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MANAGER JACOB WEDDINGTON RAMSEY 4901 GULF SHORE BLVD N #1901 NAPLES, FL 34103 |
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IN THIS SPACE**

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 606, Florida Statutes.

SIGNATURE:

Jacob W. Ramsey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083B (12/02)