2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 13, 2009
Secretary of State

DOCUMENT# L03000009989

Entity Name: WELLINGTON SECURITIES, LLC

Current Principal Place of Business:

14266 ROLLING ROCK PLACE
WELLINGTON, FL 33414 US

New Principal Place of Business:

14864 STIRRUP LN
WELLINGTON, FL 33414 US

Current Mailing Address:

14266 ROLLING ROCK PLACE
WELLINGTON, FL 33414 US

New Mailing Address:

14864 STIRRUP LN
WELLINGTON, FL 33414 US

FEI Number: 01-0773035 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

TONNESON, DAVID A
14266 ROLLING ROCK PLACE
WELLINGTON, FL 33414 US

Name and Address of New Registered Agent:

TONNESON, DAVID A
14864 STIRRUP LN
WELLINGTON, FL 33414 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: DAVID A TONNESON 03/13/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: TONNESON, DAVID A
Address: 14266 ROLLING ROCK PL.
City-St-Zip: WELLINGTON, FL 33414

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: TONNESON, DAVID A
Address: 14864 STIRRUP LN
City-St-Zip: WELLINGTON, FL 33414 US

Title: MGR ( ) Change (X) Addition
Name: PROVAAS, GABRIELLE A
Address: 14864 STIRRUP LN
City-St-Zip: WELLINGTON, FL 33414 US

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: DAVID A TONNESON MGRM 03/13/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date