



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 27, 2007 8:00 am
Secretary of State

03-27-2007 90198 048 ****55.00

DOCUMENT # L05000036910 1. Entity Name WRIGHTS INTERNATIONAL, LLC					
Principal Place of Business 5917 TARPON POINT CIRCLE, #201 CAPE CORAL, FL 33914 US			Mailing Address 5917 TARPON POINT CIRCLE, #201 CAPE CORAL, FL 33914 US		
2. Principal Place of Business - No P.O. Box # 5917 TARPON GARDEN CIRCLE Suite, Apt. #, etc. 102		3. Mailing Address 5917 TARPON GARDEN CIRCLE Suite, Apt. #, etc. 102			
City & State CAPE CORAL, FL		City & State CAPE CORAL, FL		4. FEI Number 20-3515793	
Zip 33914		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WRIGHT, MICHAEL 5917 TARPON POINT CIRCLE #201 CAPE CORAL, FL 33914				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WRIGHT, MICHAEL <input type="checkbox"/> Delete 5917 TARPON GARDEN CIRCLE, #201 CAPE CORAL, FL 33914		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition WRIGHT, MICHAEL 5917 TARPON GARDEN CIRCLE, #102 CAPE CORAL FL 33914	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input type="checkbox"/> Delete WRIGHT, NADIA C 5917 TARPON GARDEN CIRCLE, #201 CAPE CORAL, FL 33914		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NADIA WRIGHT 5917 TARPON GARDEN CIRCLE, #102 CAPE CORAL FL 33914	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>N. Wright (Nadia Wright)</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			3/23/07 239 541 2410 <small>Date Daytime Phone #</small>		

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