

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000080626

Entity Name: WORDRITE, LTD. CO.

FILED
Sep 05, 2007
Secretary of State

Current Principal Place of Business:

1535 BOULEVARD
JACKSONVILLE, FL 32206

New Principal Place of Business:

Current Mailing Address:

1535 BOULEVARD
JACKSONVILLE, FL 32206

New Mailing Address:

FEI Number: 42-1676051 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SHABAZZ, WYNDI
1535 BOULEVARD
JACKSONVILLE, FL 32206 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SHABAZZ, OMAR
Address: 1535 BOULEVARD
City-St-Zip: JACKSONVILLE, FL 32206

Title: MGRM () Delete
Name: BURKE, SUSAN
Address: 529 FIELDSTONE DR.
City-St-Zip: MONROEVILLE, PA 15120

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: OMAR SHABAZZ

MGRM

09/05/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date