


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

04-07-2008 90232 050 \*\*\*138.75

<b>DOCUMENT # L05000119715</b>			
1. Entity Name <b>WRIGHT CURVES, LLC</b>			
Principal Place of Business <b>1680 SAINT LUCIE WEST BLVD 105 SAINT LUCIE, FL 34986 US</b>		Mailing Address <b>863 PIEDMONT COURT SAINT LUCIE, FL 34986 US</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

**60020401**



04042008 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>52-2393819</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>WRIGHT, JOANN H MGR 863 PIEDMONT COURT SAINT LUCIE, FL 34986</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code --	
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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 *Jo Ann H Wright* (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**Make check payable to,  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR WRIGHT, JOANN H 863 PIEDMONT COURT SAINT LUCIE, FL 34986</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>JOANN H. WRIGHT 17007 Herndon Lane PORT ST. LUCIE, FL 34987</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR WRIGHT, FRANK H 863 PIEDMONT COURT SAINT LUCIE, FL 34986</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>FRANK J. WRIGHT 17007 Herndon Lane PORT ST LUCIE FL 34987</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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 *Jo Ann H Wright*