



# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 27, 2008 8:00 am**  
**Secretary of State**

03-27-2008 90087 002 \*\*\*138.75

<b>DOCUMENT # L06000032869</b> 1. Entity Name <b>WRIGHT WAY IRRIGATION, L.L.C.</b>					
Principal Place of Business <b>1025 NORTH PALM CIRCLE EUSTIS, FL 32726</b>				Mailing Address <b>1025 NORTH PALM CIRCLE EUSTIS, FL 32726</b>	
2. Principal Place of Business - No P.O. Box # <b>36734 Sundance Dr</b>		3. Mailing Address <b>36734 Sundance Dr</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>GRAND ISLAND FL</b>		City & State <b>GRAND ISLAND</b>			
Zip <b>32735</b>		Country <b>USA</b>		4. FEI Number <b>01-0858672</b>	
5. Certificate of Status Desired <input type="checkbox"/>		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, ROBERT L JR. 1025 NORTH PALM CIRCLE EUSTIS, FL 32726</b>				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;"> <span><b>FL</b></span> <span>Zip Code</span> </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 <u><i>Robert L Wright Jr</i></u> <span style="float: right;">Robert L Wright Jr X3-24-08</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>				<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>				<b>10. ADDITIONS/CHANGES</b>	
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WRIGHT, ROBERT L JR		NAME	<b>36734 Sundance Dr</b>	
STREET ADDRESS	1025 NORTH PALM CIRCLE		STREET ADDRESS	<b>GRAND ISLAND FL 32735</b>	
CITY - ST - ZIP	EUSTIS, FL 32726		CITY - ST - ZIP	<b>GRAND ISLAND FL 32735</b>	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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.					
<b>SIGNATURE:</b> <u><i>Robert L Wright Jr</i></u> <span style="float: right;">Robert L Wright Jr X3-24-08</span>				Date <span style="float: right;">Daytime Phone #</span>	