


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90313 026 \*\*\*\*50.00

**DOCUMENT # L06000120037**

1. Entity Name  
**WRIGHT WAY INVESTMENTS, LLC.**



Principal Place of Business      Mailing Address  
**5850 SW 193RD WAY**      **5850 SW 193RD WAY**  
**PEMBROKE PINES, FL 33332 US**      **PEMBROKE PINES, FL 33332 US**

**DUPLICATE**



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

04262007    Chg-LLC      CR2E083 (12/06)

4. FEI Number      Applied For  
**20-8101169**      Not Applicable

5. Certificate of Status Desired          **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**PESOLA WRIGHT, MARIELENA**  
**5850 SW 193RD WAY**  
**PEMBROKE PINES, FL 33332**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City      **FL**      Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**Filing Fee is \$50.00**  
**Due by May 1, 2007**

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	WRIGHT, RUSSELL A	
STREET ADDRESS	5850 SW 193RD WAY	
CITY-ST-ZIP	PEMBROKE PINES, FL 33332	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	PESOLA WRIGHT, MARIELENA	
STREET ADDRESS	5850 SW 193RD WAY	
CITY-ST-ZIP	PEMBROKE PINES, FL 33332	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**10. ADDITIONS/CHANGES**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

**SIGNATURE:** *Marieleena P Wright*      **4-30-07 754-323-2008**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #