

# **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000020474

**FILED**  
**May 07, 2008**  
**Secretary of State**

**Entity Name:** WEALTH DEVELOPMENT GROUP LLC

**Current Principal Place of Business:**

16118 N FLORIDA AVE  
LUTZ, FL 33549

**New Principal Place of Business:**

19045 DALE MABRY HWY N  
LUTZ, FL 33548

**Current Mailing Address:**

16118 N FLORIDA AVE  
LUTZ, FL 33549

**New Mailing Address:**

19045 DALE MABRY HWY N  
LUTZ, FL 33548

FEI Number: 20-8493117      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:**

RAMIREZ, DAVID  
16118 N FLORIDA AVE  
LUTZ, FL 33549    US

**Name and Address of New Registered Agent:**

RAMIREZ, DAVID  
19045 DALE MABRY HWY N  
LUTZ, FL 33548    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: \_\_\_\_\_

05/07/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: RAMIREZ, DAVID  
Address: 16118 N FLORIDA AVE  
City-St-Zip: LUTZ, FL 33549

**ADDITIONS/CHANGES:**

Title: MGRM      (X) Change ( ) Addition  
Name: RAMIREZ, DAVID  
Address: 19045 DALE MABRY HWY N  
City-St-Zip: LUTZ, FL 33548

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: DAVID RAMIREZ JR

MGRM

05/07/2008

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