

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000059087

FILED  
Sep 24, 2009  
Secretary of State

Entity Name: WEALTHSPRING CAPITAL, LLC

**Current Principal Place of Business:**

19195 MYSTIC POINTE DRIVE  
SUITE 1503  
AVENTURA, FL 33180

**New Principal Place of Business:**

**Current Mailing Address:**

19195 MYSTIC POINTE DRIVE  
SUITE 1503  
AVENTURA, FL 33180

**New Mailing Address:**

FEI Number: 56-2662622      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:**

CORPDIRECT AGENTS, INC.  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301      US

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

PRIGAL, HARRIET  
19195 MYSTIC POINTE DRIVE  
SUITE 1503  
AVENTURA, FL 33180 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: MR. KENNETH KRELL

09/24/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: KRELL, KENNETH  
Address: 176 PEACHREE CIRCLE N.E.  
City-St-Zip: ATLANTA, GA 30309

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change ( ) Addition  
Name: MK, LLC  
Address: 176 PEACHREE CIRCLE N.E.  
City-St-Zip: ATLANTA, GA 30309

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: MR. KENNETH KRELL

MR.

09/24/2009

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