

L10000055131

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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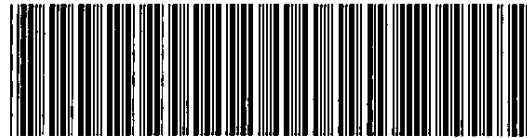
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

SEP - 8 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WRIGHT COMPUTING LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MR PAUL WRIGHT
Name of Person

WRIGHT COMPUTING LLC
Firm/Company

3461 PARKRIDGE CIRCLE
Address

SARASOTA, FL 34243
City/State and Zip Code

paul@wrightcomputing-com
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

PAUL WRIGHT at (813) 624 2586
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

★ MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

WRIGHT COMPUTING LLC

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TALLAHASSEE, FLORIDA
10

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	PAUL J. WRIGHT	3461 PARKRIDGE CIRCLE SARASOTA, FL 34243 34243	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	ALISA J. WRIGHT	3461 PARKRIDGE CIRCLE SARASOTA, FL 34243 34243	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	PAUL J. WRIGHT	411 S. OREGON AVE TAMPA, FL 33606	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	ALISA J. WRIGHT	411 S. OREGON AVE TAMPA, FL 33606	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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 TALLAHASSEE, FLORIDA

Dated 08/31/2010, _____.

Signature of a member or authorized representative of a member

PAUL WRIGHT
Typed or printed name of signee