

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90186 009 ****50.00

DOCUMENT # M00000001128

1. Entity Name

THE WELLINGTON GROUP OF DELAWARE, LLC



Principal Place of Business

Mailing Address

1865 EXECUTIVE PARK
CLEVELAND TN 37312

1865 EXECUTIVE PARK
CLEVELAND TN 37312

2. Principal Place of Business

3. Mailing Address

1850 Executive Park

1850 Executive Park

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Cleveland, TN

City & State

Cleveland, TN

Zip

37312

Country

USA

Zip

37312

Country

USA

4. FEI Number

62-1776317

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required



☒ CHECK HERE IF MAKING CHANGES
address

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 E. PARK AVE.
TALLAHASSEE FL 32301

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS

TITLE NAME ☐ Delete

MGR
WEST, MARK D
1865 EXECUTIVE PARK
CLEVELAND TN 37312

TITLE NAME ☐ Delete

MGR
STOUT, JERRY
1865 EXECUTIVE PARK
CLEVELAND TN 37312

TITLE NAME ☐ Delete

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE NAME ☒ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP
1850 Executive Park
Cleveland, TN 37312

TITLE NAME ☒ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP
1850 Executive Park
Cleveland, TN 37312

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-28-03

Date

423-4730093

Daytime Phone #

CR2E083 (10/02)

0070841