2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M96000000416

FILED
01 NOV -9 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name
WELLINGTON GROUP, LLC

Principal Place of Business
1865 EXECUTIVE PARK DRIVE
CLEVELAND TN 37312

Mailing Address
1865 EXECUTIVE PARK DRIVE
CLEVELAND TN 37312

REINSTATEMENT 2001

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number
62-1643012

Applied For
Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
ROARK, DONALD A
1301 GULF BREEZE PARKWAY, #65
GULF BREEZE FL 32561

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.

SIGNATURE: Donald A Roark 11/7/01
Signature of new or updated name of registered agent (if applicable) (NOTE: Registered Agent signature required when reinstating) Date

FILING FEE: $350.00
Make Check Payable to: Department of State

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-11/27/01--01067--026
*****150.00 *****150.00

9. MANAGING MEMBERS/MEMBERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR STOUT, WILLIAM J JR. 1865 EXECUTIVE PARK DRIVE CLEVELAND TN 37312	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S WEST, MARK D 1865 EXECUTIVE PARK DRIVE CLEVELAND TN 37312	☐ Delete
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

10. ADDITIONS/CHANGES

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (11/00)

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] 11/09/01 423-472-0093
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #