

Correct

RIL DEPT OF STATE BUS SVCS DIV

Annual Report for the year: 2018 _____

-> Filing period: September 1 - November 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number 001670097		2. Exact name of the Limited Liability Company Wellington 525, LLC				
3. NAICS Code 531100		•	acter of business conducted			
5. State of Formation FL	\bigcap	C. SVV	uc ila		_	
6. Principal Office Address 2026 S. Tamiami Trail			City Sarasota	State FL	Zip 34239	
7. Mailing Address of Limited	Liability Company	and Name or Tr				
Contact Name Gary R. Jodat			Contact Title Mgr.			
Street Address 2026 S. Tamlami Trail			City Sarasota	State FL	^{Zip} 34239	
8. List ALL managers (name		of the Limited Lia	bility Company, IF APPLICA	ABLE - DO NOT LIST N	MEMBERS	
Manager Name Gary R. Jodat			Manager Name		R.I. B	
Street Address 2026 S. Tamiami Trail			Street Address		BUS S	
^{C.ty} Sarasota	State FL	Zip 34239	City	State	Zip KOSHK	
Manager Name			Manager Name		U-1-C	
Street Address			Street Address		0	
City	State	Zip	City	State	Zip	
	, 			Check the box to in	ndicate an attachment	
9. Resident Agent in Rhode I	sland. This informat	tion is currently of r	ecord with the Department of S			
Under penalty of perjury, I destructed statements, and that all states				ng any accompanying	g schedules and	
Name of Authorized Person /				Date		
Gary R. Jodat				08/04/20	20	
Signature of Authorized Pers	S Pal	at No.	, c.t.	· · · · · · · · · · · · · · · · · · ·		

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ni.gov **FILED**

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A.A. 10:02 AM.