


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 07, 2008 8:00 am**  
**Secretary of State**

03-07-2008 90223 040 \*\*\*138.75

**DOCUMENT # L04000041448**

1. Entity Name  
**WEATHERSFIELD HOLDINGS L.L.C.**



Principal Place of Business      Mailing Address  
~~2708 ALT. 19 N, SUITE #507-6~~      P O BOX 1261  
~~PALM HARBOR, FL 34683~~      DUNEDIN, FL 34697

2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
**2200 N. HERCULES AVE.**      Suite, Apt. #, etc.

City & State      City & State  
**CLEARWATER, FL**      Suite, Apt. #, etc.

Zip      Country      Zip      Country  
**33763**      **USA**

00010003



03042008    Chg-LLC    CR2E083 (12/06)

4. FEI Number      Applied For  
**13-4286142**      Not Applicable

5. Certificate of Status Desired       **\$5.00** Additional Fee Required

**6. Name and Address of Current Registered Agent**

JANUCHOWSKI, CYNTHIA  
 2706 ALT. 19 N,  
 SUITE 507-6  
 PALM HARBOR, FL 34683

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**Make check payable to Florida Department of State**

**9. MANAGING MEMBERS / MANAGERS**

TITLE	MGR	<input type="checkbox"/> Delete
NAME	JANUCHOWSKI, CYNTHIA	
STREET ADDRESS	2708 ALT 19 N #507-6	
CITY-ST-ZIP	PALM HARBOR, FL 34683	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	PHILIPPE, BEAU	
STREET ADDRESS	2708 ALT 19 N #507-6	
CITY-ST-ZIP	PALM HARBOR, FL 34683	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**10. ADDITIONS/CHANGES**

TITLE		<input checked="" type="checkbox"/> Change: <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2200 N. Hercules Avenue	
CITY-ST-ZIP	CLEARWATER, FL 33763	
TITLE		<input checked="" type="checkbox"/> Change: <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2200 N. Hercules Avenue	
CITY-ST-ZIP	CLEARWATER, FL 33763	
TITLE		<input type="checkbox"/> Change: <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change: <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change: <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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      Date      Daytime Phone #