

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 24, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000085642**

1. Entity Name  
**WEINSIER FAMILY, LLC**



Principal Place of Business  
**5021 HAWKHURST AVE  
SOUTHWEST RANCHES, FL 33331**

Mailing Address  
**5021 HAWKHURST AVE  
SOUTHWEST RANCHES, FL 33331**



02142006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-1965214**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

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

**SACHER, CHARLES S  
2655 LEJEUNE ROAD STE. 1101  
CORAL GABLES, FL 33134**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**MGR  
WEINSIER, JAMES F  
5021 HAWKHURST AVE  
SOUTHWEST RANCHES, FL 33331**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**MGR  
WEINSIER, STEVEN  
120 TORCHWOOD AVENUE  
PLANTATION, FL 333242302**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**MGR  
WEINSIER, RICHARD H  
1855 NE 197 TERRACE  
NORTH MIAMI BEACH, FL 33179**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

000000445588  
03/07/06 80052-019 50.00

**DO NOT WRITE  
IN THIS SPACE**

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** \_\_\_\_\_

**James F. Weinsier, Mgr**

**3/19/06 9546209050**

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

Date

Daytime Phone #