

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90021 033 \*\*\*150.00

DOCUMENT # L02000019068

1. Entity Name

WEISS FINANCIAL LLC



Principal Place of Business

2310 S. BAY STREET  
EUSTIS FL 32726  
US

Mailing Address

2310 S. BAY STREET  
EUSTIS FL 32726  
US

2. Principal Place of Business

2785 S. Bay St  
Suite D

3. Mailing Address

2785 S. Bay St  
Suite D

City & State

Eustis, FL

City & State

Eustis, FL

Zip

32726

Country

USA

Zip

32726

Country

USA

4. FEI Number

04-3706345

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WEISS, DAVID L  
21211 REEDY ROAD  
EUSTIS FL 32736

7. Name and Address of New Registered Agent

Name

Same

Street Address (P.O. Box Number is Not Acceptable)

2785 S. Bay St., D

City

Eustis

FL

Zip Code

32726

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

*David L. Weiss*

David L. Weiss

4/21/04

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, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete  
NAME WEISS, DAVID L  
STREET ADDRESS 2310 S. BAY STREET  
CITY-ST-ZIP EUSTIS FL 32726

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

same ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 2785 S. Bay St, D  
CITY-ST-ZIP Eustis, FL 32726

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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:

*David L. Weiss*

David L. Weiss

4/21/04

352-351-8331

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

Date

Daytime Phone #