

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000023924

**FILED**  
**Jan 12, 2011**  
**Secretary of State**

**Entity Name:** FLORIDA WEST COVERED RV & BOAT STORAGE, L.L.C.

**Current Principal Place of Business:**

4450 ALT. 19  
PALM HARBOR, FL 34683 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 906  
TARPON SPRINGS, FL 34688 US

**New Mailing Address:**

**FEI Number:** 51-0425522

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WEIZER, NORMAN  
2035 N. POINT ALEXIS DRIVE  
TARPON SPRINGS, FL 34689 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** WEIZER, NORMAN  
**Address:** 2035 N. PO INT ALEXIS DRIVE  
**City-St-Zip:** TARPON SPRINGS, FL 34689

**Title:** MGR  
**Name:** WEIZER, DIANE R  
**Address:** 2035 N. PO INT ALEXIS DRIVE  
**City-St-Zip:** TARPON SPRINGS, FL 34689

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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:** DIANE R. WEIZER

MGR

01/12/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date