

2003 LIMITED LIABILITY COMPANY  
UNIFORM CERTIFICATE OF REPORT (FEB)

000128

DOCUMENT # L02000034921

1. Entity Name

MERRIWEATHER PROPERTIES, LLC



FILED

03 OCT 10 AM 8:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business  
201 S. BISCAYNE BOULEVARD  
SUITE 1700  
MIAMI FL 33131  
US

Mailing Address  
201 S. BISCAYNE BOULEVARD  
SUITE 1700  
MIAMI FL 33131  
US

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
APPLIED FOR

Applied For  
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent  
MIAMI CENTER REGISTERED AGENTS, LLC  
201 S. BISCAYNE BLVD.  
SUITE 1700  
MIAMI FL 33131

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
000023711850  
10/10/03--01069--006 \*\*150.00  
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 \$50.00  
Make Check Payable to Florida Department of State  
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS  
TITLE NAME STREET ADDRESS CITY-ST-ZIP  
MANAGING MEMBER  
MICHAEL G. NEARING  
201 S. BISCAYNE BLVD. STE 1700  
MIAMI, FL 33131  
Delete

10. ADDITIONS/CHANGES  
TITLE NAME STREET ADDRESS CITY-ST-ZIP  
Delete  
Delete  
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Delete

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

Date Daytime Phone #

CR2E083 (4/03)