

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90154 014 ****55.00

DOCUMENT # L03000034275

1. Entity Name

W. WEEKLEY ENTERPRISES, LLC



Principal Place of Business

**20855 SW 36 ST
WESTON FL 33332**

Mailing Address

**20855 SW 36 ST
WESTON FL 33332**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

NEW ADDRESS:

20701 Stirling Road

City & State

Pembroke Pines, FL 33332

954-680-8005 FAX 954-680-8692

Zip

Country

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WEEKLEY, WAYNE D
20855 SW 36 ST
WESTON FL 33332**

Name

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

20701 Stirling Rd

City

Pembroke Pines

FL

Zip Code

33332

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

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2005**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**MGRM
WEEKLEY, WAYNE D
20855 SW 36 ST
WESTON FL 33032**

☐ Delete

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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 #

2/2/05

954-680-8005