

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L03000056477

FILED
Nov 11, 2009
Secretary of State**Entity Name:** EDWARD W WERLING LLC**Current Principal Place of Business:**23098 SAILFISH LN
SUMMERLAND KEY, FL 33042**New Principal Place of Business:****Current Mailing Address:**PO BOX 1042
SUMMERLAND KEY, FL 33042**New Mailing Address:****FEI Number:** 76-0748710**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**WERLING, EDWARD W
23098 SAILFISH LN
SUMMERLAND KEY, FL 33042 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:** MGRM () Delete
Name: WERLING, EDWARD W
Address: 23098 SAILFISH LANE
City-St-Zip: SUMMERLAND KEY, FL 33042**Title:** MGR () Delete
Name: GENDRON, BRADLY
Address: 23098 SAILFISH LN
City-St-Zip: SUMMERLAND KEY, FL 33042**Title:** MGR () Delete
Name: WERLING, DUSTIN R
Address: 23098 SAILFISH LN
City-St-Zip: SUMMERLAND KEY, FL 33042**ADDITIONS/CHANGES:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** MGR (X) Change () Addition
Name: DAVENPORT, SCOTT A
Address: 23098 SAILFISH LN
City-St-Zip: SUMMERLAND KEY, FL 33042

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: SCOTT A DAVENPORT

MGR

11/11/2009

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