

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 07, 2008 8:00 am**  
**Secretary of State**

03-07-2008 90223 040 \*\*\*138.75

**DOCUMENT # L04000041448**

1. Entity Name  
**WEATHERSFIELD HOLDINGS L.L.C.**



Principal Place of Business  
~~2708 ALT. 19 N, SUITE #507-6~~  
~~PALM HARBOR, FL 34683~~

Mailing Address  
P O BOX 1261  
DUNEDIN, FL 34697

00010003



2. Principal Place of Business - No P.O. Box #  
**2200 N. HERCULES AVE.**

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

03042008 Chg-LLC CR2E083 (12/06)

City & State  
**CLEARWATER, FL**

Zip  
**33763**

Country  
**USA**

City & State

Zip Country

4. FEI Number  
**13-4286142**

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

**JANUCHOWSKI, CYNTHIA**  
**2706 ALT. 19 N,**  
**SUITE 507-6**  
**PALM HARBOR, FL 34683**

## 7. Name and Address of New Registered Agent

Name

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

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**Make check payable to**  
**Florida Department of State**

## 9. MANAGING MEMBERS / MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**MGR**  
**JANUCHOWSKI, CYNTHIA**  
**2708 ALT 19 N #507-6**  
**PALM HARBOR, FL 34683**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**MGR**  
**PHILIPPE, BEAU**  
**2708 ALT 19 N #507-6**  
**PALM HARBOR, FL 34683**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

## 10. ADDITIONS / CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☒ Change: ☐ Addition

**2200 N. Hercules Avenue**  
**CLEARWATER, FL 33763**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☒ Change: ☐ Addition

**2200 N. Hercules Avenue**  
**CLEARWATER, FL 33763**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change: ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change: ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change: ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change: ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 #