

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 25, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000053111	
1. Entity Name WEIRBLESSED, LLC	
Principal Place of Business 3401 SOUTHEAST 58TH AVENUE OCALA, FL 34471	Mailing Address 3401 SOUTHEAST 58TH AVENUE OCALA, FL 34471



07172006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1442745	Applied For Not Applicable
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5. Certificate of Status Desired ☒ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**OWEN, M. DAVID
3401 SOUTHEAST 58TH AVENUE
OCALA, FL 34471**

**DO NOT WRITE
IN THIS SPACE**

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 *M. David Owen*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

7/17/06
DATE

**Filing Fee is \$50.00
Due by September 6, 2006**

U000000572330
07/25/06-80026-019 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR OWEN, M. DAVID 3401 SOUTHEAST 58TH AVENUE OCALA, FL 34471
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR OWEN, LORRAINE 3401 SOUTHEAST 58TH AVENUE OCALA, FL 34471
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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: *M. David Owen*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

7/17/06 *352-624-1983*