

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000053111

Entity Name: WEIRBLESSED, LLC

FILED
Jan 29, 2008
Secretary of State

Current Principal Place of Business:

3401 SOUTHEAST 58TH AVENUE
OCALA, FL 34471

New Principal Place of Business:

5391 SE MARICAMP ROAD
OCALA, FL 34480

Current Mailing Address:

3401 SOUTHEAST 58TH AVENUE
OCALA, FL 34471

New Mailing Address:

5391 SE MARICAMP ROAD
OCALA, FL 34480

FEI Number: 20-1442745

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

OWEN, M. DAVID
5391 SE MARICAMP ROAD
OCALA, FL 34480 US

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: M. DAVID OWEN

01/29/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: OWEN, M. DAVID
Address: 3401 SOUTHEAST 58TH AVENUE
City-St-Zip: OCALA, FL 34471

Title: MGR () Delete
Name: OWEN, LORRAINE
Address: 3401 SOUTHEAST 58TH AVENUE
City-St-Zip: OCALA, FL 34471

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: OWEN, M. DAVID
Address: 5391 SE MARICAMP ROAD
City-St-Zip: OCALA, FL 34480

Title: MGR (X) Change () Addition
Name: OWEN, LORRAINE
Address: 5391 SE MARICAMP ROAD
City-St-Zip: OCALA, FL 34480

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: M. DAVID OWEN

MGR

01/29/2008

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