

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000079376

Entity Name: WEBER SOUTH FL, LLC

FILED
Jun 24, 2009
Secretary of State

Current Principal Place of Business:

40800 COOK BROWN ROAD
PUNTA GORDA, FL 339827728

New Principal Place of Business:

Current Mailing Address:

40800 COOK BROWN RD
PUNTA GORDA, FL 33982

New Mailing Address:

FEI Number: 20-1812843 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

WEBER, SCOTT
9214 PALM ISLAND CIRCLE
NORTH FORT MYERS, FL 33903 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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WEBER, SCOTT
Address: 9214 PALM ISLAND CIRCLE
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: MGRM () Delete
Name: WEBER, GREGG
Address: 4242 FISH LAKE RD
City-St-Zip: NORTH BRANCH, MI 48461

Title: MGRM () Delete
Name: WEBER, GERALDINE A
Address: 1401 E SILVERBELL RD
City-St-Zip: ORION, MI 48360

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 WEBER

MGRM

06/24/2009

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