

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000012065

Entity Name: WESTON 1213, LLC

FILED  
Jan 19, 2009  
Secretary of State

**Current Principal Place of Business:**

1709 SUNSET ISLES RD.  
FORT PIERCE, FL 34949

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 2291  
FT PIERCE, FL 34954

**New Mailing Address:**

FEI Number: 65-1246844

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MCGARY, BRIAN D  
15960 W. WIND CIRCLE  
SUNRISE, FL 33326 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: MGR ( ) Delete  
Name: MCGARY, BRIAN D  
Address: 15960 W WIND CIRCLE  
City-St-Zip: SUNRISE, FL 33326

Title: MGR ( ) Delete  
Name: MCGARY, SEAN G  
Address: 1709 SUNSET ISLES RD  
City-St-Zip: FORT PIERCE, FL 34949

**ADDITIONS/CHANGES:**

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: BRIAN MCGARY

MR

01/19/2009

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