

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000022474

1. Entity Name

JEFFERSON H. AND SHELLEY J. WEAVER, L.L.C.



Principal Place of Business

5300 NORTH FEDERAL HIGHWAY
FT. LAUDERDALE, FL 33308

Mailing Address

5300 NORTH FEDERAL HIGHWAY
FT. LAUDERDALE, FL 33308



04262007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
26-0110420

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WEAVER, JEFFERSON H
5300 NORTH FEDERAL HIGHWAY
FT. LAUDERDALE, FL 33308

**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

Jefferson H. Weaver Jefferson H. Weaver

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4-23-07

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME WEAVER, JEFFERSON H
STREET ADDRESS 5300 NORTH FEDERAL HIGHWAY
CITY-ST-ZIP FT. LAUDERDALE, FL 33308

TITLE MGRM
NAME WEAVER, SHELLEY J
STREET ADDRESS 5300 NORTH FEDERAL HIGHWAY
CITY-ST-ZIP FT. LAUDERDALE, FL 33308

TITLE
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CITY-ST-ZIP

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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

Jefferson H. Weaver Jefferson H. Weaver
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4-23-07

Date

954 489-4719

Daytime Phone #