


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90079 013 ***138.75

DOCUMENT # L05000048606	
1. Entity Name DAVE WEILER LLC	

Principal Place of Business 205 AVE F APALACHICOLA, FL 32320 US	Mailing Address 205 AVE F APALACHICOLA, FL 32320 US
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2. Principal Place of Business - No P.O. Box # 20795 NE Kelly St Suite, Apt. #, etc.	3. Mailing Address 20795 NE Kelly St Suite, Apt. #, etc.
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City & State Blountstown, FL Zip 32424 Country USA	City & State Blountstown, FL Zip 32424 Country USA
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01072008 Chg-LLC CR2E083 (12/06)

4. FEI Number 26-4042349	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent WEILER, TERESA K 205 AVE F APALACHICOLA, FL 32320

7. Name and Address of New Registered Agent Name Teresa K. Weiler Street Address (P.O. Box Number is Not Acceptable) 20795 NE Kelly St City Blountstown FL Zip Code 32424

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 <u>Teresa Weiler</u> <u>Teresa Weiler</u> <u>1/7/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>
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FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WEILER, DAVE 205 AVE F. APALACHICOLA, FL 32320 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <u>Dave Weiler</u> <u>Dave Weiler</u> <u>1/7/08</u> <u>850-370-6148</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>
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