2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000050926

1. Entity Name
C & R WERLE, LLC

FILED
Sep 02, 2008 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
1047 S.W. WOODCREEK DRIVE PALM CITY, FL 34990	1047 S.W. WOODCREEK DRIVE PALM CITY, FL 34990

DO NOT WRITE IN THIS SPACE

08302008 No Chg-LLC   CR2E083 (12/07)

4. FEI Number	Applied For
20-3087278	Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

WERLE, R. CRAIG
1047 S.W. WOODCREEK DRIVE
PALM CITY, FL 34990

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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 _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $138.75
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

U00000958723
09/02/08-80002-025 138.75

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	WERLE, R. CRAIG
STREET ADDRESS	1047 S.W. WOODCREEK DRIVE
CITY-ST-ZIP	PALM CITY, FL 34990

TITLE	MGRM
NAME	WERLE, RAYMA D
STREET ADDRESS	1047 S.W. WOODCREEK DRIVE
CITY-ST-ZIP	PALM CITY, FL 34990

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CITY-ST-ZIP	

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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: _____   8/30/08   772 334-2184

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #