


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Jul 12, 2006 8:00 am**  
**Secretary of State**

05-16-2006 90183 009 \*\*\*\*50.00

|  |  |   |   |  |  |
|--|--|---|---|--|--|
| <b>DOCUMENT # L05000066406</b><br>1. Entity Name<br><b>VANCE WEIMORTS LLC</b>  |  |   |   |   |  |
| Principal Place of Business<br><b>663 SPENCE DR.<br/>PONCE DE LEON FL 32455</b>  |  |   | Mailing Address<br><b>663 SPENCE DR.<br/>PONCE DE LEON FL 32455</b> |  |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.  |  | 3. Mailing Address<br><br>Suite, Apt. #, etc. |   |  |  |
| City & State   |  | City & State                                  |   |  |  |
| Zip  | Country  | Zip   | Country   |  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>WEIMORTS, VANCE<br/>663 SPENCE DR.<br/>PONCE DE LEON FL 32455</b>  |  |   |   | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |  |
| 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 _____ (NOTE: Registered Agent signature required when reappointing)<br>DATE _____  |  |   |   |  |  |
| <b>FILE NOW!!! FEE IS \$50.00</b><br><b>Make Check Payable to Florida Department of State</b><br><b>Due By May 1, 2006</b>   |  |   |   |  |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |  |   | <b>10. ADDITIONS/CHANGES</b>  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <b>MGR<br/>WEIMORTS, VANCE<br/>663 SPENCE DR.<br/>PONCE DE LEON FL 32455</b> <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
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| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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. |  |   |   |  |  |
| <b>SIGNATURE: <u>Vance Weimorts</u></b><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   |  |   |   |  |  |



1st MOORE CR2E083 (10/05)

4. FEI Number **03-0598354** Applied For Not Applicable

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