

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000076407

FILED
Jan 17, 2009
Secretary of State

Entity Name: WEEKEND PLEASURES, LLC

Current Principal Place of Business:

1012 INDIAN MOUND TRAIL
VERO BEACH, FL 32963

New Principal Place of Business:

Current Mailing Address:

1012 INDIAN MOUND TRAIL
VERO BEACH, FL 32963

New Mailing Address:

FEI Number: 54-2180025 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

STEINFELD, SUSAN E
1012 INDIAN MOUND TRAIL
VERO BEACH, FL 32963 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: MGRM () Delete
Name: STEINFELD, SUSAN E
Address: 1012 INDIAN MOUND TRAIL
City-St-Zip: VERO BEACH, FL 32963

Title: MGRM () Delete
Name: PORTELL, JAMIE L
Address: 325 RIVERWAY DRIVE
City-St-Zip: VERO BEACH, FL 32863

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: SUSAN E. STEINFELD MGRM 01/17/2009

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