


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 18, 2007 8:00 am
Secretary of State

06-18-2007 90197 019 *****55.00

DOCUMENT # L06000003674					
1. Entity Name WEAVER TRADING LLC					
Principal Place of Business 2733 VIA CIPRIANI, APT 834-B CLEARWATER, FL 33794 33764			Mailing Address 2733 VIA CIPRIANI, APT 834-B CLEARWATER, FL 33794		
2. Principal Place of Business - No P.O. Box # 2733 Via Cipriani		3. Mailing Address 2733 Via Cipriani			
Suite, Apt. #, etc. APT 834-B		Suite, Apt. #, etc. APT 834-B			
City & State Clearwater, FL		City & State Clearwater, FL			
Zip 33764		Country USA		Zip 33764	
Country USA		Country USA			
4. FEI Number 05302007 Chg-LLC CR2E083 (12/06)					
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required					Applied For <input checked="" type="checkbox"/> Not Applicable
6. Name and Address of Current Registered Agent WEAVER, JOSHUA 2733 VIA CIPRIANI, APT 834-B CLEARWATER, FL 33794			7. Name and Address of New Registered Agent Name JOSHUA WEAVER Street Address (P.O. Box Number is Not Acceptable) 2733 Via Cipriani Apt 834-B City Clearwater, FL Zip Code FL 33764		
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 Josh Weaver DATE 6/10/07 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by September 14, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM WEAVER, JOSHUA 2733 VIA CIPRIANI, APT 834-B CLEARWATER, FL 33794	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	Joshua Weaver 2733 Via Cipriani APT 834-B Clearwater, FL 33764 <input checked="" 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	
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	
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	
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	
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: Josh Weaver			Date 6/10/07 Daytime Phone # 646-573-3462		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

60051964

