FILED Feb 05, 2007 8:00 am

ANNOAL KLIOKI				i	Secretary of State			
DOCUMENT # L06000026109  1. Entity Name R ALAN WEAVER, ET AL PTR, LLC					02-05-2007 90195 022 ****50.00			
Principal Place of Business 121 WALLACE ROAD NEW SMYRNA BEACH, FL 32168 US		Mailing Address P 0 BOX 635 NEW SMYRNA BEACH, FL 32170 US		I ISBNEN BII	- The stage out some som			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01052007	Chg-LLC	CR2E083 (12/06)	)	
City & State		City & State		4. FEI Number 59	-34495	→~~ <del>     </del>	pplied For lot Applicable	
Zìp	Country	Zip	Country	.,.	of Status Desired	☐ \$5.00 Ad Fee Requir		
	6. Name and Address of Current	Registered Agent		7. Name and	Address of New	Registered Agent		
		-	Name					
WEAVER, RICHARD A 121 WALLACE ROAD NEW SMYRN, Ft., 32168		Street Address		s (P.O. Box Numb	er is Not Acceptab	ole)		
			City			<b>□</b> Zip Coo	de	
8 The above	named entity submits this statement fo	r the nurgose of changing its		stered agent or ho	th in the State of F	ГЬ		
	ions of registered agent.	this purpose of onlying to	registered emed at regis	norce agent, or be	in, in the state of	ionad. Carriginiai vigi	, and docopt	
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered Agent signature requ	ited when reinstation)		DATE		
Filing Fee is \$50.00 Due by May 1, 2007						DATE		
				, and a second		ike check payable to da Department of Sta	te	
		RS/MANAGERS	10.		Florid	ike check payable to	te	
Di	ue by May 1, 2007	Delete			Florid	ike check payable to da Departmeπt of Sta	te Addition	
9. TITLE NAME STREET ADDRESS	MANAGING MEMBE MGRM WEAVER, R ALAN 2217 SWOOPE DRIVE	□ Delete 68 □ Delete	10. TITLE NAME STREET ADDRESS		Florid	ike check payable to da Department of Sta S/CHANGES		
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MANAGING MEMBE MGRM WEAVER, R ALAN 2217 SWOOPE DRIVE NEW SMYRNA BEACH, FL 3211 MGRM WEAVER, DAVID G 950 CORBIN PARK ROAD	Delete  Delete  Delete  Delete	10. TIITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		Florid	ike check payable to da Department of Sta S/CHANGES	☐ Addition	
9.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MANAGING MEMBE MGRM WEAVER, R ALAN 2217 SWOOPE DRIVE NEW SMYRNA BEACH, FL 3211 MGRM WEAVER, DAVID G 950 CORBIN PARK ROAD NEW SMYRNA BEACH, FL 3211 MGRM WEAVER, ROBERT B 3620 LETTUCE LANE	Delete  Delete  Delete  Delete	10.  TIITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		Florid	ike check payable to da Department of Sta	☐ Addition	
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