

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90312 042 ***138.75

60025883



04092008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L06000046254	
1. Entity Name WEILER BACH & ASSOCIATES LLC.	

Principal Place of Business 7410 SAWTER CIRCLE UNIT #2 PORT CHARLOTTE, FL 33981	Mailing Address 13435 SOUTH MCCALL ROAD, SUITE 216 PORT CHARLOTTE, FL 33981
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent	
Flischel Murtha & Associate, PA 900 Pine Street Suite 126 Englewood, FL 34223	

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 reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRT WEILER, DONALD 13435 SOUTH MCCALL ROAD, SUITE 216 PORT CHARLOTTE, FL 33981 <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	MGRS MISSBACH, KEVIN 13435 SOUTH MCCALL ROAD, SUITE 216 PORT CHARLOTTE, FL 33981 <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
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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: Kevin Missbach 4-14-08 941-699-5100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #