


2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000060840		
1. Entity Name WEISER DEVELOPMENT, LLC		

Principal Place of Business 303 SE 17TH STREET 309-178 OCALA, FL 34471	Mailing Address PO BOX 865 BELLEVUE, FL 34421
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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	
WILES, D R 303 SE 17TH STREET 309-178 OCALA, FL 34471	

7. Name and Address of New Registered Agent	
Name <u>MI WEISER</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>#309-178</u>	
<u>303 SE 17TH ST</u>	
City <u>OCALA</u>	FL Zip Code <u>34471</u>

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 <u>MI WEISER</u>	DATE <u>2/22/09</u>

FILE NOW!!! FEE IS \$277.50	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	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	MGRM WILES, D R 303 SE 17TH STREET, #309-178 OCALA, FL 34471 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800144434958 02/25/09--01040--003 **277.50
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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: <u>MI WEISER</u>	DATE <u>2/22/09</u> 407-409-8401

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02232009 REIN-LLC CR2E101 (1/07)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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7. Name and Address of New Registered Agent	
Name <u>MI WEISER</u>	
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<u>303 SE 17TH ST</u>	
City <u>OCALA</u>	FL Zip Code <u>34471</u>

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