

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 03, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000090650

1. Entity Name
DEBRA A. WEAVER, PH.D., LLC



Principal Place of Business

**2880 CAPITAL MEDICAL BLVD., SUITE 2
TALLAHASSEE, FL 32308**

Mailing Address

**2880 CAPITAL MEDICAL BLVD., SUITE 2
TALLAHASSEE, FL 32308**



04022008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-2612800

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WEAVER, DEBRA PH.D.
2880 CAPITAL MEDICAL BLVD., SUITE 2
TALLAHASSEE, FL 32308**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

000000879083
04/15/08-20008-010 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	WEAVER, DEBRA A PH.D.
STREET ADDRESS	2880 CAPITAL MEDICAL BLVD., SUITE 2
CITY - ST - ZIP	TALLAHASSEE, FL 32308

TITLE	
NAME	
STREET ADDRESS	
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CITY - ST - ZIP	

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #