

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L07000021286

1. Entity Name
WEAVER FLORIDA INVESTMENTS, LLC



Principal Place of Business
1230 GULF BLVD., SUITE 201
CLEARWATER, FL 33767

Mailing Address
9011 SPY GLASS HILL DRIVE
O'FALLON, MO 63368

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

11122008 REIN-LLC CR2E101 (1/07)

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Scot & Christine Weaver

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

(NOTE: Registered Agent signature required when reinstating)

DATE

11/21/08

FILE NOW!!! FEE IS \$238.75
After January 1, 2009, Fee will be \$377.50

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
WEAVER, SCOT A TRUSTEE
9011 SPY GLASS HILL DRIVE
O'FALLON, MO 63368 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
900138234319
11/24/08--01051--011 **238.75 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
WEAVER, CHRISTINE A TRUSTEE
9011 SPY GLASS HILL DRIVE
O'FALLON, MO 63368 ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ 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:

Scot & Christine Weaver

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

Date

Daytime Phone #

11/21/08 6365782220

FILED
08 NOV 26 AM 10:38
SECRETARY OF STATE
TALLAHASSEE, FL



REINSTATEMENT
2008