

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000052761

FILED
Feb 19, 2009
Secretary of State

Entity Name: WEAVER & ASSOCIATES, LLC

Current Principal Place of Business:

107 S. HAMLIN CT
LONGWOOD, FL 32750 US

New Principal Place of Business:

Current Mailing Address:

107 S HAMLIN CT
LONGWOOD, FL 32750 US

New Mailing Address:

FEI Number: 26-1646383 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEAVER, EUGENE
201 W. ATWATER AVE
EUSTIS, FL 32726 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WEAVER, NATHANIEL
Address: 107 S. HAMLIN CT
City-St-Zip: LONGWOOD, FL 32750 US

Title: MGRM () Delete
Name: WEAVER, NADINE
Address: 107 S. HAMLIN CT
City-St-Zip: LONGWOOD, FL 32750 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: THE ORLANDO TAX ROOM, , INC
Address: 107 S. HAMLIN CT
City-St-Zip: LONGWOOD, FL 32750 US

Title: MGRM (X) Change () Addition
Name: CENTRAL FLORIDA HOME, LOANS, INC.
Address: 107 S. HAMLIN CT
City-St-Zip: LONGWOOD, FL 32750 US

Title: MGRM () Change (X) Addition
Name: THE ASSOCIATES INSUR, ANCE AGENCY, I N C.
Address: 107 S. HAMLIN CT
City-St-Zip: LONGWOOD, FL 32750 US

Title: MGRM () Change (X) Addition
Name: WEAVER, NATHANIEL DIR.
Address: 107 S. HAMLIN CT
City-St-Zip: LONGWOOD, FL 32750 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: NATHANIEL WEAVER

MGRM

02/19/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date