
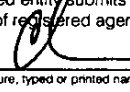



FILED
Jan 18, 2008 8:00 am
Secretary of State

DOCUMENT # L07000061601			
1. Entity Name GOWEAV, LLC			
Principal Place of Business 2603 S.E. 17TH STREET SUITE A OCALA, FL 34471 US		Mailing Address 2603 S.E. 17TH STREET SUITE A OCALA, FL 34471 US	
2. Principal Place of Business - No P.O. Box # 2201 SE 30th Avenue		3. Mailing Address 2201 SE 30th Avenue	
Suite, Apt. #, etc. Suite 201		Suite, Apt. #, etc. Suite 201	
City & State Ocala FL		City & State Ocala FL	
Zip 34471	Country USA	Zip 34471	Country USA
6. Name and Address of Current Registered Agent			
GONZALES, ROBERT J 1951 TWIN BRIDGE CIRCLE OCALA, FL 34471			Name W
			Street Address 22
			City Su
			City Ocala
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.			
SIGNATURE 		Christopher S. Weaver	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required)			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			
9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EVA JANE GONZALES REVOCABLE TRUST 1951 TWIN BRIDGE CIRCLE OCALA, FL 34471	<input type="checkbox"/> Delete	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROBERT J. GONZALES REVOCABLE TRUST 1951 TWIN BRIDGE CIRCLE OCALA, FL 34471	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WEAVER, DOUGLAS E 2122 S.E. 25TH STREET OCALA, FL 34471	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 687, F.S., indicated on this report is true and accurate and that my signature shall have the same legal effect as if I were a limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 687, F.S.			
SIGNATURE: 		Christopher S. Weaver	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING-MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			