2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 08, 2008
Secretary of State

DOCUMENT# L07000067086

Entity Name: WEECARE LLC

Current Principal Place of Business:

12840 HICKORY ROAD
NORTH MIAMI, FL 33181

New Principal Place of Business:

Current Mailing Address:

12840 HICKORY ROAD
NORTH MIAMI, FL 33181

New Mailing Address:

FEI Number: 26-0428612 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

LEHRMAN, JEFFREY E ESQ.
2222 PONCE DE LEON BLVD.
CORAL GABLES, FL 33134 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: KNOPF, KEN
Address: 12840 HICKORY ROAD
City-St-Zip: NORTH MIAMI, FL 33181

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: KNOPF, KENNETH H
Address: 12840 HICKORY ROAD
City-St-Zip: NORTH MIAMI, FL 33181

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: KENNETH H. KNOPF MGR 07/08/2008

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