2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 20, 2009
Secretary of State

DOCUMENT# L07000075004

Entity Name: LYNETTE W. WEEKS SUPPORT COORDINATION SERVICES, LLC

Current Principal Place of Business:

20325 S. BUCKHILL RD
CLERMONT, FL 34715

New Principal Place of Business:

1577 SILHOUETTE DR
CLERMONT, FL 34711

Current Mailing Address:

20325 S. BUCKHILL RD
CLERMONT, FL 34715

New Mailing Address:

1577 SILHOUETTE DR
CLERMONT, FL 34711

FEI Number: 36-4612075 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WEEKS, LYNETTE W
20325 S. BUCKHILL RD
CLERMONT, FL 34715 US

Name and Address of New Registered Agent:

WEEKS, LYNETTE W
1577 SILHOUETTE DR
CLERMONT, FL 34711 US

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: LYNETTE W. WEEKS 03/20/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: WEEKS, LYNETTE W
Address: 20325 S. BUCKHILL RD
City-St-Zip: CLERMONT, FL 34715

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: WEEKS, LYNETTE W
Address: 1577 SILHOUETTE DR
City-St-Zip: CLERMONT, FL 34711

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: LYNETTE W. WEEKS MGR 03/20/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date