

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000075004

**FILED**  
**Apr 01, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

1577 SILHOUETTE DR  
CLERMONT, FL 34711

**New Principal Place of Business:**

20325 S BUCKHILL RD  
CLERMONT, FL 34715 US

**Current Mailing Address:**

1577 SILHOUETTE DR  
CLERMONT, FL 34711

**New Mailing Address:**

PO BOX 374  
MINNEOLA, FL 34755 US

**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  
1577 SILHOUETTE DR  
CLERMONT, FL 34711 US

**Name and Address of New Registered Agent:**

WEEKS, LYNETTE W  
20325 S BUCKHILL RD  
CLERMONT, FL 34715 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: \_\_\_\_\_

04/01/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

I hereby 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

MGRM

04/01/2010

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