

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000075004

**FILED**  
**Jan 20, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

3288 WHITE BLOSSOM LANE  
CLERMONT, FL 34711 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 374  
MINNEOLA, FL 34755 US

**New Mailing Address:**

**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  
3288 WHITE BLOSSOM LANE  
CLERMONT, FL 34711 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  
**Name:** WEEKS, LYNETTE W  
**Address:** 3288 WHITE BLOSSOM LANE  
**City-St-Zip:** CLERMONT, FL 34711 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      01/20/2012

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