

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 28, 2008 8:00 am
Secretary of State

03-28-2008 90172 023 ***143.75

DUPLICATE



03262008 Chg-LLC CR2E083 (12/06)

4. FEI Number **26-1369699** Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$5.00** Additional
Fee Required

DOCUMENT # L07000109992

1. Entity Name
WEEKLEY SCHULTE VALDES, LLC



Principal Place of Business
**201 EAST KENNEDY BLVD.
SUITE 350
TAMPA, FL 33602 US**

Mailing Address
**201 EAST KENNEDY BLVD.
SUITE 350
TAMPA, FL 33602 US**

2. Principal Place of Business - No P.O. Box #
101 E. Kennedy Blvd.

3. Mailing Address
101 E. Kennedy Blvd.

Suite, Apt. #, etc.
Suite 2320

Suite, Apt. #, etc.
Suite 2320

City & State
Tampa, FL

City & State
Tampa, FL

Zip
33602 Country
USA

Zip
33602 Country
USA

6. Name and Address of Current Registered Agent

**SCHULTE, CHRISTOPHER
101 E KENNEDY BLVD. STE 2320
TAMPA, FL 33602**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input checked="" type="checkbox"/> Delete
NAME	SIMMONS, JOSEPH C	
STREET ADDRESS	201 EAST KENNEDY BLVD. SUITE 350	
CITY-ST-ZIP	TAMPA, FL 33602	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	SCHULTE, CHRISTOPHER	
STREET ADDRESS	101 E KENNEDY BLVD. STE 2320	
CITY-ST-ZIP	TAMPA, FL 33602	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	WEEKLEY, PAUL	
STREET ADDRESS	101 E KENNEDY BLVD. STE 2320	
CITY-ST-ZIP	TAMPA, FL 33602	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	VALDES, JODI	
STREET ADDRESS	101 E KENNEDY BLVD. STE 2320	
CITY-ST-ZIP	TAMPA, FL 33602	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Valdes, Jody	
STREET ADDRESS	101 E. Kennedy Blvd, Suite 2320	
CITY-ST-ZIP	Tampa, FL 33602	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date **3/26/08** Daytime Phone # **(813) 221-1154**