

136.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000115747

1. Entity Name
WEEKS FAMILY PROPERTIES - 136, LLCPrincipal Place of Business
1625 GEORGE JENKINS BLVD.
LAKELAND, FL 33815Mailing Address
P.O. BOX 3889
LAKELAND, FL 33802-3889

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03312008

Chg-LLC

CR2E083 (12/06)

4. FEI Number

Applied For

☒ Not Applicable5. Certificate of Status Desired ☐\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WEEKS, RALPH W
1625 GEORGE JENKINS BLVD.
LAKELAND, FL 33815

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

| | | |
|----------------|---------------------------|---------------------------------|
| TITLE | MGR | <input type="checkbox"/> Delete |
| NAME | WEEKS, RALPH W | |
| STREET ADDRESS | 1625 GEORGE JENKINS BLVD. | |
| CITY-ST-ZIP | LAKELAND, FL 33815 | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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|----------------|---------------------------|---------------------------------|
| TITLE | MGR | <input type="checkbox"/> Delete |
| NAME | WEEKS, R. STEPHEN | |
| STREET ADDRESS | 1625 GEORGE JENKINS BLVD. | |
| CITY-ST-ZIP | LAKELAND, FL 33815 | |

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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

Daytime Phone #

FILED

08 MAY 16 PM 12:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03312008 Chg-LLC CR2E083 (12/06)

4. FEI Number

Applied For

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Fee Required

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| CITY-ST-ZIP | LAKELAND, FL 33815 | |

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