

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000000045

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** GARY WEAVER LLC

**Current Principal Place of Business:**

12310 COYLE ROAD  
FORT MYERS, FL 33905 US

**New Principal Place of Business:**

**Current Mailing Address:**

12310 COYLE ROAD  
FORT MYERS, FL 33905 US

**New Mailing Address:**

**FEI Number:** 71-1044049

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WEAVER, GARY  
12310 COYLE ROAD  
FORT MYERS, FL 33905 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: WEAVER, CODY  
Address: 12310 COYLE ROAD  
City-St-Zip: FT. MYERS, FL 33905 US

Title: MGRM  
Name: WEAVER, GARY  
Address: 12310 COYLE ROAD  
City-St-Zip: FT MYERS, FL 33905 US

Title: MGRM  
Name: WEAVER, GREG E  
Address: 1611 CLARK AVE.  
City-St-Zip: LEHIGH ACRES, FL 33972

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: CODY WEAVER

MGRM

04/30/2012

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