

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000046491

**FILED**  
**Apr 28, 2012**  
**Secretary of State**

**Entity Name:** LONG WEEKEND ENTERPRISES, LLC

**Current Principal Place of Business:**

550 VALPARAISO PARKWAY  
VALPARAISO, FL 32580 US

**New Principal Place of Business:**

**Current Mailing Address:**

254 SOUTH BAYSHORE DRIVE  
VALPARAISO, FL 32580 US

**New Mailing Address:**

**FEI Number:** 26-2573531

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HESS, JEFFERY S  
254 SOUTH BAYSHORE DRIVE  
VALPARAISO, FL 32580 US

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

HESS, KAREN M  
254 SOUTH BAYSHORE DRIVE  
VALPARAISO, FL 32580 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:** KAREN MICKEY HESS

04/28/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** HESS, JEFFERY S  
**Address:** 254 SOUTH BAYSHORE DRIVE  
**City-St-Zip:** VALPARAISO, FL 32580

**Title:** MGRM  
**Name:** HESS, KAREN M  
**Address:** 254 SOUTH BAYSHORE DRIVE  
**City-St-Zip:** VALPARAISO, FL 32580

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:** KAREN MICKEY HESS

MGRM

04/28/2012

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