

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2009
Secretary of State

DOCUMENT# L08000063215

Entity Name: WIEWERS, LLC

Current Principal Place of Business:

445 NORTHEAST EIGHTH AVENUE
OCALA, FL 34470

New Principal Place of Business:

2201 SE 30TH AVENUE
SUITE 201
OCALA, FL 34471

Current Mailing Address:

445 NORTHEAST EIGHTH AVENUE
OCALA, FL 34470

New Mailing Address:

2201 SE 30TH AVENUE
SUITE 201
OCALA, FL 34471

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WIECHENS, EUGENE A
445 NORTHEAST EIGHTH AVENUE
OCALA, FL 34470 US

Name and Address of New Registered Agent:

WIECHENS, CHRISTOPHER S
2201 SE 30TH AVENUE
SUITE 201
OCALA, FL 34471 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: CHRISTOPHER S. WIECHENS

04/20/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: EUGENE A. & LESLIE V. WIECHENS, TBE
Address: 445 NE. 8TH AVENUE
City-St-Zip: Ocala, FL 34470

Title: MGRM () Delete
Name: MICHAEL V. & DEVON L. WIECHENS, TBE
Address: 275 S.W. 73RD STREET ROAD
City-St-Zip: Ocala, FL 34476

Title: MGRM () Delete
Name: EWERS, GARY P
Address: 1212 S.E. 17TH AVENUE
City-St-Zip: Ocala, FL 34471

Title: MGRM () Delete
Name: RONALD L. & PHYLLIS E. EWERS, TBE
Address: 535 S.E. 22ND AVENUE
City-St-Zip: Ocala, FL 34471

Title: MGRM () Delete
Name: JENNIFER LYNN WIECHENS REVOCABLE TRUST
Address: 8064 S.E. 15TH COURT
City-St-Zip: Ocala, FL 34490

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: CHRISTOPHER S WIECHENS

RA

04/20/2009

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