

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000101595

Entity Name: TB WEEKLEY, LLC

FILED  
Jan 06, 2009  
Secretary of State

**Current Principal Place of Business:**

2555 NEW YORK ST  
JAY, FL 32565

**New Principal Place of Business:**

**Current Mailing Address:**

5194 DOGWOOD DR  
MILTON, FL 32572

**New Mailing Address:**

PO BOX 750  
MILTON, FL 32572

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

CRANFORD, KENNY  
5194 DOGWOOD DR  
MILTON, FL 32572 US

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

CRANFORD, KENNY A  
5194 DOGWOOD DR  
MILTON, FL 32570 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: KENNY A. CRANFORD

01/06/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: WEEKLEY, THOMAS B  
Address: 2555 NEW YORK ST  
City-St-Zip: JAY, FL 32565

**ADDITIONS/CHANGES:**

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: THOMAS B. WEEKLEY

MGRM

01/06/2009

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