

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-09-2007 90350 045 ****55.00

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # M06000001069		
1. Entity Name WERIS, LLC		
Principal Place of Business 8176 CROSSGATE CT N DUBLIN, OH 43017	Mailing Address 8176 CROSSGATE CT N DUBLIN, OH 43017	
DO NOT WRITE IN THIS SPACE		
		30006271 
		03122007 No Chg-LLC CR2E083 (11/05)
4. FEI Number 20-3214007		Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent		
WEEKS, AMELIE 5166 SE SCHOONER OAKS WAY STUART, FL 34997		DO NOT WRITE IN THIS SPACE
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: <u><i>Amelie M Weeks</i></u> (NOTE: Registered Agent signature required when reissuing) DATE: _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		
Filing Fee is \$50.00 Due by May 1, 2007		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WEEKS, AMELIE 8176 CROSSGATE CT N DUBLIN, OH 43017	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RISPIN, MICHAEL 353 DARTMOUTH TR SAGAMORE HILLS, OH 44067	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <u><i>Amelie M Weeks</i></u> 4/24/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small> <small>Date</small> <small>Daytime Phone #</small>		