

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000001069

Entity Name: WERIS, LLC

FILED  
Apr 06, 2009  
Secretary of State

**Current Principal Place of Business:**

8176 CROSSGATE CT N  
DUBLIN, OH 43017

**New Principal Place of Business:**

**Current Mailing Address:**

8176 CROSSGATE CT N  
DUBLIN, OH 43017

**New Mailing Address:**

FEI Number: 20-3214007

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

WEEKS, AMELIE  
5166 SE SCHOONER OAKS WAY  
STUART, FL 34997 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: MGR ( ) Delete  
Name: WEEKS, AMELIE  
Address: 8176 CROSSGATE CT N  
City-St-Zip: DUBLIN, OH 43017

Title: MGR ( ) Delete  
Name: RISPIN, MICHAEL  
Address: 353 DARTMOUTH TR  
City-St-Zip: SAGAMORE HILLS, OH 44067

**ADDITIONS/CHANGES:**

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: AMELIE M WEEKS

MGR

04/06/2009

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