

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000001079

FILED
Feb 11, 2009
Secretary of State

Entity Name: WEAVER BOOS CONSULTANTS SOUTHEAST, LLC

Current Principal Place of Business:

365 CITRUS TOWER BLVD. SUITE 110
CLERMONT, FL 34711

New Principal Place of Business:

Current Mailing Address:

365 CITRUS TOWER BLVD. SUITE 110
CLERMONT, FL 34711

New Mailing Address:

FEI Number: 74-3252839

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHAFFER, JEFFREY
365 CITRUS TOWER BLVD. SUITE 110
CLERMONT, FL 34711 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: MGRM () Delete
Name: WEAVER, JOHN W II
Address: 70 W. MADISON ST. STE 4250
City-St-Zip: CHICAGO, IL 60602

Title: MGRM () Delete
Name: BOOS, TIMOTHY A
Address: 1813 N. MILL ST. UNIT A
City-St-Zip: NAPERVILLE, IL 60563

Title: MGRM () Delete
Name: SCHAFFER, JEFFREY
Address: 365 CITRUS TOWER BLVD - STE 110
City-St-Zip: CLERMONT, FL 34711

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:

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: JOHN W. WEAVER II

MGR

02/11/2009

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