

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M08000001079

**FILED**  
**Jan 05, 2012**  
**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  
Name: WEAVER, JOHN W II  
Address: 35 E. WACKER DRIVE STE 1250  
City-St-Zip: CHICAGO, IL 60601

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

Title: MGRM  
Name: SPANN, MAXWELL D  
Address: 365 CITRUS TOWER BOULEVARD - SUITE 110  
City-St-Zip: CLERMONT, FL 34711

I hereby 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

PRES

01/05/2012

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