M08000001079

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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J. SAULSBERRY
EXAMINER

AUG 15 2012

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Weaver Boos Consultants Southeast, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed Affidavit by Foreign Limited Liability Company to Change Manager(s) or Managing Member(s) and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Maxwell Spann
Name of Person

Weaver Boos Consultants Southeast, LLC
Firm/Company

365 Citrus Tower Boulevard, Suite 110
Address

Clermont, FL 34711
City/State and Zip Code

MSpann@WeaverBoos.com
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Maxwell Spann at (352) 241-0848
Name of Person Area Code and Daytime Telephone Number

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- [x] $25 Filing Fee
- [ ] $30 Filing Fee & Certificate of Status
- [ ] $55.00 Filing Fee & Certified Copy
- [ ] $60 Filing Fee, Certificate of Status & Certified Copy

CR2E123(8/07)

AFFIDAVIT BY FOREIGN LIMITED LIABILITY COMPANY TO CHANGE MANAGER(S) OR MANAGING MEMBER(S)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Weaver Boos Consultants Southeast, LLC.

2. This entity was formed under the laws of: Illinois.

3. This entity was authorized to transact business in Florida on 03/04/2008 and its Florida document/registration number is M08000001079.

4. The name and address of each manager or managing member is as follows:

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Maxwell Spann 365 Citrus Tower Boulevard, Suite 110 Clermont, FL 34711
MGR	Ben Ellis 365 Citrus Tower Boulevard, Suite 110 Clermont, FL 34711

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TALLAHASSEE, FLORIDA

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Required Signature: _____
Signature of Manager, Managing Member or Member

Filing Fee: $25