## 2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000009424

**Entity Name: WEEKSRENT LLC** 

**Current Principal Place of Business:** 

3961 CREE DR.

ORMOND BEACH, FL 32174

**Current Mailing Address:** 

3961 CREE DR.

ORMOND BEACH, FL 32174 US

FEI Number: 27-1776715 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

WEEKS, HAROLD WJR. 3961 CREE DR. ORMOND BEACH, FL 32174 US

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

FILED Apr 15, 2015

**Secretary of State** 

CC7222666537

Authorized Person(s) Detail:

Title MGRM

Name WEEKS, HAROLD WJR

Address 3961 CREE DR.

City-State-Zip: ORMOND BEACH FL 32174

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.