

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000036966

Entity Name: 3629 WEST ISB, LLC

FILED
Aug 17, 2009
Secretary of State

Current Principal Place of Business:

15 LAUREL RIDGE BREAK
ORMOND BEACH, FL 32174

New Principal Place of Business:

Current Mailing Address:

15 LAUREL RIDGE BREAK
ORMOND BEACH, FL 32174

New Mailing Address:

FEI Number: 20-2687914 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SAMMARO, SALVATORE MEMBER
15 LAUREL RIDGE BREAK
SUITE A
ORMOND BEACH, FL 32174 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: SAMMARO, SALVATORE M
Address: 15 LAUREL RIDGE BREAK
City-St-Zip: ORNOND BEACH, FL 32174

Title: MGR () Delete
Name: DEL PIZZO, CARLO SR.
Address: 1579 ROUTE 9
City-St-Zip: TOMS RIVER, NJ 08775

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: CARLO DELPIZZO SR.

MGR

08/17/2009

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