

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000000164

**Entity Name:** 5 WEST PROFESSIONAL CENTER, LLC

**Current Principal Place of Business:**

750 LAKE WINNEMISSETT DRIVE  
DELAND, FL 32724

**Current Mailing Address:**

750 LAKE WINNEMISSETT DRIVE  
DELAND, FL 32724

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ABELES, DAVID E  
750 LAKE WINNEMISSETT DRIVE  
DELAND, FL 32724 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

**Authorized Person(s) Detail :**

Title MGRM  
Name ABELES, DAVID E  
Address 750 LAKE WINNEMISSETT DRIVE  
City-State-Zip: DELAND FL 32724

*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.*

**SIGNATURE:** DAVID E. ABELES

MGR

04/07/2016

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date