

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90099 044 ***150.00

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DOCUMENT # L00000002841

1. Entity Name

WESTEX DESIGN CONCEPTS, LLC



Principal Place of Business

**13630 58TH STREET NORTH, SUITE #105
CLEARWATER FL 33760**

Mailing Address

**13630 58TH STREET NORTH, SUITE #105
CLEARWATER FL 33760**

2. Principal Place of Business

3. Mailing Address

14175 ICOT BLVD

14175 ICOT BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 300

SUITE 300

City & State

City & State

CLEARWATER, FL

CLEARWATER, FL

Zip

Country

Zip

Country

33760

PINELLAS

33760

PINELLAS

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HELMUT-RADTKE, H.
13630 58TH STREET N., STE #105
CLEARWATER FL 33760**

Name

Street Address (P.O. Box Number is Not Acceptable)

14175 ICOT BLVD, SUITE 300

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
RADTKE, H. HELMUT
3901 PRESIDENTIAL DRIVE
PALM HARBOR FL 34685** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
RADTKE, CAROL
3901 PRESIDENTIAL DRIVE
PALM HARBOR FL 34685** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
HILL, DENNIS W
1026 WYNDHAM WAY
SAFETY HARBOR FL 34695** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)