

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90295 007 ****50.00

DOCUMENT # L00000007426

1. Entity Name

WEST PARK CENTER, L.L.C.



Principal Place of Business

1548 THE GREENWALL #3
JACKSONVILLE BEACH FL 32250

Mailing Address

1548 THE GREENWALL #3
JACKSONVILLE BEACH FL 32250

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3732171

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DEVLIN, WALLACE R JR
1548 THE GREENWALL #3
JACKSONVILLE BEACH FL 32250

Name

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

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, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME DEVLIN, WALLACE R SR
STREET ADDRESS 7518 ALBERT TILLINGHAST DR
CITY-ST-ZIP SARASOTA FL 34249

TITLE MGR ☐ Delete
NAME DEVLIN, WALLACE R JR
STREET ADDRESS 8535-3 BAYMEADOWS ROAD SUITE 153
CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE MGR ☐ Delete
NAME HEFFERON, MICHAEL
STREET ADDRESS 25 OLD MISSION AVE
CITY-ST-ZIP ST AUGUSTINE FL 32084

TITLE MGR ☐ Delete
NAME SMITH, KELLY
STREET ADDRESS 25 OLD MISSION AVE
CITY-ST-ZIP ST AUGUSTINE FL 32084

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE Vice President ☐ Change ☒ Addition
NAME Edward R mscue Jr
STREET ADDRESS 1549 The Greens Way Suite 3
CITY-ST-ZIP Jacksonville Beach, FL 32250

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

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

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

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

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

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 #

3-304 904-543-0026