2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State
04-14-2003 90751 035 ****50.00

DOCUMENT # L00000010572

1. Entity Name

WESTLAKE MILLER, LLC

Principal Place of Business	Mailing Address
513 W. CENTRAL AVE. WINTERHAVEN FL 33882	P.O. BOX 21850 LOS ANGELES CA 90021

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
131 5th Street, N.W.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Winter Haven FL	City & State
Zip: 33881 Country: USA	Zip Country

4. FEI Number 59-3667639 ☐ 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
FINANCIAL FOUNDATIONS, INC. 3150 SANDY RIDGE DR. CLEARWATER FL 33761	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, 2003

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR LIEFER, DALE G 1320 E. OLYMPIC BLVD #208 LOS ANGELES CA 90021	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR MILLER, JEFFREY A 1320 E. OLYMPIC BLVD #208 LOS ANGELES CA 90021	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR POMEROY, KENT S 1320 E. OLYMPIC BLVD #208 LOS ANGELES CA 90021	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR GIDDINGS, WYNE 361 ESCAMBIA DR. WINTER HAVEN FL 33884	☐ 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 / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (10/02)

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: KENT S. POMEROY 4/3/03 (213) 624-8676
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #