

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90042 039 ****50.00

DOCUMENT # L01000000297

1. Entity Name
WESTCOAST CADD, LLC



Principal Place of Business
373 INTERSTATE BLVD.
SARASOTA, FL 34240

Mailing Address
373 INTERSTATE BLVD.
SARASOTA, FL 34240

20016061



2. Principal Place of Business

333 INTERSTATE BLVD

3. Mailing Address

333 INTERSTATE BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02182005 Chg-LLC CR2E083 (10/03)

City & State
SARASOTA, FL

City & State
SARASOTA, FL

4. FEI Number
65-1072320

Applied For
Not Applicable

Zip
34240

Country
SARASOTA

Zip
34240

Country
SARASOTA

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

STREETS, WILLIAM
373 INTERSTATE BLVD.
SARASOTA, FL 34240

Name

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

City
SARASOTA

FL

Zip Code
34240

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

**Filing Fee is \$50.00
Due by May 1, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
STREETS, WILLIAM
759 STONECREST DR
SARASOTA, FL 34232 ☐ 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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CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
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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: *William Streets*
MANAGER

2/22/05 941 311 4699

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

Date

Daytime Phone #