

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000000326

1. Entity Name
WEST END SHOPPES, L.C.



Principal Place of Business
575 S WICKHAM RD
SUITE E
WEST MELBOURNE, FL 32904

Mailing Address
575 S WICKHAM RD
SUITE E
WEST MELBOURNE, FL 32904



03052004No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2827484

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CLARK, COY A
575 S WICKHAM RD
SUITE E
WEST MELBOURNE, FL 32904

**DO NOT WRITE
IN THIS SPACE**

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, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	CLARK, COY A
STREET ADDRESS	575 SO. WICKHAM ROAD- STE. E
CITY-ST-ZIP	WEST MELBOURNE, FL 32904

TITLE	
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CITY-ST-ZIP	

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CITY-ST-ZIP	

U000000130342
04/26/04-80114-016 50.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

Coy A. Clark

COY A CLARK

4/14/04

321-723-9888