## 2008 LIMITED LIABILITY COMPANY

FILED Mar 14, 2008 08:00 AN Secretary of State

ANNUAL REPORT	
DOCUMENT # L0100000340	
1. Entity Name	13

Principal Place of Business

METRO WEST, L.C.

575 S WICKHAM RD

SUITE E

WEST MELBOURNE, FL 32904

Mailing Address

575 S WICKHAM RD

SUITE E

WEST MELBOURNE, FL 32904



## DO NOT WRITE IN THIS SPACE

01112008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 59-2715792

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

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FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		
Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE
SIGNATURE		
<ol> <li>the above named entity submits this statement for the purpose of ch the obligations of registered agent.</li> </ol>	anging its registered office or registered agent, or both,	in the State of Florida. I am familiar with, and accept

MANAGING MEMBERS/MANAGERS MGRM TITLE CLARK, COY A NAME 575 S. WICKHAM RD. STE. E. STREET ADDRESS CITY-ST-ZIP MELBOURNE, FL 32904 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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## DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

NAME STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS CITY-\$T-ZIP

COYA CLARK

Daytime Phone #