## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) -- DUE BY MAY 1, 2008

## Apr 28, 2008 08:00 AM Secretary of State DOCUMENT # L01000001737 1. Entity Name WEST CONSULTING LLC. Principal Place of Business Mailing Address 116 SIXTH STREET SOUTH 116 SIXTH STREET SOUTH ST. PETERSBURG FL 33701 ST. PETERSBURG FL 33701 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/07) City & State City & State 4. FEI Number Applied For 59-3699379 Nor Applicable Zip Country Zip Couritry \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MURPHY, JOHN B Street Address (P.O. Box Number is Not Acceptable) 116 SIXTH STREET SOUTH ST. PETERSBURG FL 33701 City 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 the obligations of egistered agent. or of mediname of registered agent and the diseplacticle (NOTE: Registered Agent's giralure required when remistaling) FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MGRM ☐ Delete ☐ Change ☐ Addition NAME MURPHY, JOHN B STREET ADDRESS 116 SIXTH STREET SOUTH STREET ACCRESS U00000930461 City-ST-ZIP ST. PETERSBURG FL 33701 CITY+ST-Z:P THE ☐ Delete TITLE 🗀 Channe Addition NAME NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TILL ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition DAME NAME STREET ADDRESS STREET ACCIPESS CHTY-ST-ZIP CITY-ST- Z:P THTLE ☐ Delete TITLE Change Addition HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY- ST-ZIP TITLE ☐ Delete TITLE Change Addition DAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- Z:P

11. Theraby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 path; that I am a managing member or manager of the limited liability company or the executer or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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

SIGNATURE:

**FILED**