

# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L01000009458	
1. Entity Name WEST-BUSSEY LLC	



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 JAN 11 AM 10:59

Principal Place of Business 600 S ORLANDO AVE SUITE 101 MAITLAND, FL 32751 US	Mailing Address 2672 TUSCARORA TRAIL MAITLAND, FL 32751 US
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REINSTATEMENT 04-05

2. Principal Place of Business 600 S. Orlando Ave Suite, Apt. #, etc. Suite 301 City & State Maitland, FL Zip 32751 Country US	3. Mailing Address 600 S. Orlando Ave Suite, Apt. #, etc. Suite 301 City & State Maitland, FL Zip 32751 Country US
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01042005 REIN-LLC CR2E101 (6/04)

6. Name and Address of Current Registered Agent WEST, PAUL S 2672 TUSCARORA TRAIL MAITLAND, FL 32751	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2982 Harbour Landing Way City Casselberry FL Zip Code 32707	
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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 \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WEST, PAUL S 2672 TUSCARORA TRAIL MAITLAND, FL 32751 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2982 Harbour Landing Way Casselberry, FL 32707 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BUSSEY, WILLIAM W 2110 TERRACE BLVD. LONGWOOD, FL 32779 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WEST, ANNE M 2672 TUSCARORA TRAIL MAITLAND, FL 32751 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2982 Harbour Landing Way Casselberry, FL 32707 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BUSSEY, LAMONDA 2110 TERRACE BLVD. LONGWOOD, FL 32779 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200044506882 01/11/05--01024--004 *\$100.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

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

Date

Daytime Phone #

1/4/2005 (407) 331-7511