

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90254 031 ****50.00

DOCUMENT # L02000001998

1. Entity Name
WEST COAST ACQUISITIONS, L.L.C.



6003770

Principal Place of Business
1550 CLEARLAKE CENTRE
250 AUSTRALIAN AVE. SOUTH
WEST PALM BEACH, FL 33401

Mailing Address
1550 CLEARLAKE CENTRE
250 AUSTRALIAN AVE. SOUTH
WEST PALM BEACH, FL 33401



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

The Montecito - Suite 801
616 Clearwater Park Road
West Palm Beach, FL 33401

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616 Clearwater Park Road
West Palm Beach, FL 33401

03192007 Chg-LLC CR2E083 (12/06)

4. FEI Number
65-1173687

Applied For
Not Applicable

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

SCHNEIDER, JOHN C ESQ.
1550 CLEARLAKE CENTRE
250 AUSTRALIAN AVE. SOUTH
WEST PALM BEACH, FL 33401

Name

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

City

FL

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. 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, 2007**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE P ☐ Delete
NAME WISNICKI, JEFFREY
STREET ADDRESS 8741 WENDY LANE SOUTH
CITY-ST-ZIP WEST PALM BEACH, FL 33411

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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

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:

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

4/1/07
Date

561-796-1400
Daytime Phone #