

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000011362

1. Entity Name
WESTIE COVER, LLC



Principal Place of Business
C/O STEVEN A. SCIARRETTA P.A.
2300 GLADES RD., STE. 302-EAST
BOCA RATON, FL 33431

Mailing Address
C/O STEVEN A. SCIARRETTA P.A.
2300 GLADES RD., STE. 302-EAST
BOCA RATON, FL 33431

DO NOT WRITE IN THIS SPACE

07122005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
04-3656613

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCIARRETTA, STEVEN A ESQUIRE
2300 GLADES RD., SUITE 302-EAST
BOCA RATON, FL 33431

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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 September 7, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
SCIARRETTA, STEVEN A ESQ
2300 GLADES RD. #302 E
BOCA RATON, FL 33431

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: _____

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

Date

Daytime Phone #

FILED

2005 JUL 15 PM 2:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5/10/05 01090 001 50.00



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