

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90272 006 *****50.00

DOCUMENT # L02000013031

1. Entity Name

WESTCORP, LLC



Principal Place of Business

**2401 PGA BLVD., STE. 280
PALM BEACH GARDENS FL 33410**

Mailing Address

**2401 PGA BLVD., STE. 280
PALM BEACH GARDENS FL 33410**

2. Principal Place of Business

3. Mailing Address

3950 RCA Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5000

City & State

City & State

Palm Beach Gardens FL

Zip

Country

Zip

Country

33410

US

4. FEI Number

01-0765347

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

**GARY, JOHN W III
GARY, DYTRYCH & RYAN, P.A.
710 U.S. HWY ONE, STE. 402
N. PALM BEACH FL 33408**

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

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
BILLS, JOHN C
2401 PGA BLVD., STE. 280
PALM BEACH GARDENS FL 33410** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
Bills, John C.
3950 RCA Blvd #5000
PBG FL 33410** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
BABB, WAYNE H
2401 PGA BLVD., STE. 280
PALM BEACH GARDENS FL 33410** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
Babb, Wayne H.
3950 RCA Blvd #5000
PBG FL 33410** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ 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

4-17-03 561627-4000

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

Date

Daytime Phone #

CR2E083 (10/02)

0028031