FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 92176 016 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000013770

1. Entity Name
WEST COAST EXCHANGE, LLC

Principal Place of Business	Mailing Address
1800 SECOND STREET SUITE 715 SARASOTA, FL 34236 US	1800 SECOND STREET SUITE 715 SARASOTA, FL 34236 US

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
1800 SECOND STREET		1800 SECOND STREET	
Suite, Apt. #, etc.: SUITE 757		Suite, Apt. #, etc.: SUITE 757	
City & State: SARASOTA, FL		City & State: SARASOTA, FL	
Zip: 34236	Country: US	Zip: 34236	Country: US

4. FEI Number — X 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
PERSSE, JOHN W 1800 SECOND STREET SUITE 715 SARASOTA, FL 34236	Name: PERSSE, JOHN W. Street Address (P.O. Box Number Is Not Acceptable): 1800 SECOND STREET SUITE 757 City: SARASOTA FL Zip Code: 34236

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] John Persse — 3/27/03
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	☐ Delete	TITLE: MGRM NAME: PERSSE, JOHN W. STREET ADDRESS: 1800 SECOND STREET SUITE 757 CITY-ST-ZIP: ~~SARASOTA, FL 34236~~	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (10/02)

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] John Persse — 3/27/03 — 941-366-7589
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #