## **2003 LIMITED LIABILITY COMPANY** UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # L02000031189



## **FILED** Feb 24, 2003 8:00 am Secretary of State

0-11	WALTON WEST PARTNE	ERS, LLC	02-24-20		7.00		
1123 OVERCAS DUNEDIN FL 34		Mailing Address 1123 OVERCASH DRIVE DUNEDIN FL 34698	<del></del>				
2. Principal P	Place of Business	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HE	CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number	4. FEI Number Applied For		
Zip	Country	Zip	Country	5. Certificate of Status Desire	ed 🔲 \$5.00 Ac	fditional	
	6. Name and Address of Cur	rent Registered Agent	<u> </u>	7. Name and Address of Ne		-	
VIETTO, DANIEL L 1123 OVERCASH DRIVE			Name Street Address				
	EDIN FL 34698		Silver A	ddress (P.O. Box Number is Not Accepta	adie)	<u>-</u>	
			City		<b>—</b> 7:- 0	4	
8. The above	named entity submits this staterne	nt for the purpose of changing it	'	registered agent, or both, in the State of	FL Zip Coo		
SIGNATURE _	ons of registered agent.						
	Signature, typed or printed name of registered a	agent and title if applicable. (NO	TE: Registered Agent signatu	re required when reinstating)	DATE	<del></del>	
	·	FILE N	OW!!! FEE IS \$!	50.00	, <u></u>		
		Make Check Payat	ole to Florida Dep	artment of State			
9.	MANIACINIC ME	i i	ie By May 1, 2003				
TITLE	MANAGING MEMBERS/MANAGERS		10.	ADDITION	ADDITIONS/CHANGES ,		
NAME		☐ Delete	TITLE NAME	Daniel Livietto	☐ Change	Addition	
STREET ADDRESS				123 Overcash Dr.		,	
CITY-ST-ZIP				Dunedin Fr 3469	2		
TITLE		☐ Delete		ngr	☐ Change	Addition	
NAME			NAME	Daviel S. Coia		Produitori	
STREET ADDRESS			STREET ADDRESS	Daviel S. Cora 1123 overcash Dr.	_ •	Z rodition	
				David S. Coña 1723 Overcast Dr. Dun edin Fi 3469R		X ACCURACY.	
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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

727733 7585 x 312