


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000013959

1. Entity Name
WEST, JOHN C SERVICES L.L.C.



Principal Place of Business Mailing Address
2008 CHULI NENE **PO BOX 13357**
TALLAHASSEE FL 32301 **TALLAHASSEE FL 32317**



2. Principal Place of Business 3. Mailing Address
 (Apt. #, etc.) Suite, Apt. #, etc.
 State City & State

1st MOORE CR2E083 (10/05)

4. FEI Number **NOT APPLICABLE** Applied For Not Applicable

Country Zip Country

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
WEST, JOHN C
2008 CHULI NENE
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

I, 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, 2006

1100000398478
 01/20/06-80095-022 50.00

MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
<input type="checkbox"/> Delete	MGRM WEST, JOHN C 2008 CHULI NENE TALLAHASSEE FL 32301	<input type="checkbox"/> Change <input type="checkbox"/> ADD	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 609, Florida Statutes.

SIGNATURE:  **John C. West** 1/20/06 850 508-0487