

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000023469

FILED
May 01, 2008
Secretary of State

Entity Name: WEST LAKE CENTER, LLC

Current Principal Place of Business:

1529 SE ROYAL GREEN CIR
SUITE, S204
PORT ST LUCIE, FL 34952

New Principal Place of Business:

691 SW ESTATE DRIVE
PORT ST LUCIE, FL 34983

Current Mailing Address:

1529 SE ROYAL GREEN CIR
SUITE, S.204
PORT ST LUCIE, FL 34952

New Mailing Address:

691 SW ESTATE DRIVE
PORT ST LUCIE, FL 34983

FEI Number: 20-0881838 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

ROTHER, ROBERT W
1529 SE ROYAL GREEN CIR
SUITE, S.204
PORT ST LUCIE, FL 34952 US

Name and Address of New Registered Agent:

CHLADNY, RAYMOND
691 SW ESTATE DRIVE
PORT ST LUCIE, FL 34983 US

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.

SIGNATURE: RAYMOND CHLADNY

05/01/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SMITH, MACK
Address: 600 PARTRIDGE COURT
City-St-Zip: MARCO ISLAND, FL 34145

Title: MGRM () Delete
Name: MOROZIUK, JILL
Address: 1529 SE ROYAL GREEN CIR. S.204
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: MGRM (X) Delete
Name: HOLAVES, NICK
Address: 3116 HUNTINGTON LANE
City-St-Zip: LAKELAND, FL 32174

Title: MGRM (X) Delete
Name: GILMAN, CHARLES
Address: 1312 W YALE ST.
City-St-Zip: ORLANDO, FL 32804

Title: MGRM (X) Delete
Name: CHLADNY, RAYMOND
Address: 691 SW ESTATE DRIVE
City-St-Zip: PORT ST LUCIE, FL 34983

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: CHLADNY, RAYMOND
Address: 691 ESTATE DRIVE
City-St-Zip: PORT ST. LUCIE, FL 34983

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: RAYMOND CHLADNY

MGRM

05/01/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date