

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 22, 2006 08:00 A
Secretary of State

DOCUMENT # L03000043045
 1. Entity Name
 WEST COAST INDUSTRIAL SERVICES, LIMITED
 LIABILITY COMPANY



Principal Place of Business Mailing Address
 5689 INDUSTRIAL BLVD 5689 INDUSTRIAL BLVD
 MILTON, FL 32583 MILTON, FL 32583



03162006 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 20-0367178 Not Applicable

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

6. Name and Address of Current Registered Agent
 MYSLAK, JOHN V
 5689 INDUSTRIAL BLVD
 MILTON, FL 32583

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
 Due by May 1, 2006**

1100000477605
 04/06/06-80057-024 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MYSLAK, JOHN V 5689 INDUSTRIAL BLVD MILTON, FL 32583
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DAVIS, BRADLEY A 5689 INDUSTRIAL BLVD MILTON, FL 32583
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BAGGET, JOHNNY 5689 INDUSTRIAL BLVD MILTON, FL 32583
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 606, Florida Statutes.

SIGNATURE: 3/20/06 850-983-3618

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #