

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90035 024 ****50.00

DOCUMENT # L04000000710



1. Entity Name

METRO WEST ACQUISITIONS, LLC

Principal Place of Business

**37 N ORANGE AVE, STE 210
ORLANDO FL 32801**

Mailing Address

**37 N ORANGE AVE, STE 210
ORLANDO FL 32801**

2. Principal Place of Business

2295 S. Hiwassee Road

Suite, Apt. #, etc.

Suite 317 & 318

City & State

Orlando, FL

3. Mailing Address

P.O. Box 608066

Suite, Apt. #, etc.

City & State

Orlando, FL

1st MOORE

CR2E083 (10/04)

4. FEI Number

20-0653032

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GASDICK, MICHAEL J ESQ
37 N ORANGE AVE, STE 210
ORLANDO FL 32801**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS / MANAGERS

TITLE **Operating Manager** ☐ Delete
NAME **Scott Genzer**
STREET ADDRESS **9641 Crown Prince Lane**
CITY-ST-ZIP **Windermere, FL 34786**

TITLE **Operating Manager** ☐ Delete
NAME **Mason Turner**
STREET ADDRESS **P.O. Box 2981**
CITY-ST-ZIP **Windermere, FL 34786**

TITLE **Member** ☐ Delete
NAME **Myles Properties, LLC**
STREET ADDRESS **12540 Park Avenue**
CITY-ST-ZIP **Windermere, FL 34786**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/15/05