

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 19, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000000710**

1. Entity Name

METRO WEST ACQUISITIONS, LLC



Principal Place of Business

2295 S HIAWASSEE RD  
STE 317 & 318  
ORLANDO, FL 32835 US

Mailing Address

PO BOX 608066  
ORLANDO, FL 32860-8066 US



01192007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

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  
390 N. ORANGE AVE.  
SUITE 260  
ORLANDO, FL 32801

**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

Michael Gasdick

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

(NOTE: Registered Agent signature required when reinstating)

2/12/07

DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
GENZER, SCOTT  
9641 CROWN PRINCE LN  
WINDERMERE, FL 34786

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
TURNER, MASON  
PO BOX 2981  
WINDERMERE, FL 34786

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
MYLES PROPERTIES, LLC  
12540 PARK AVE  
WINDERMERE, FL 34786

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000641241  
02/28/07-80098-023 50.00

**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 608, Florida Statutes.

SIGNATURE:

Lisa Genzer Lisa Genzer

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

2/12/07

Date

407-299-9954

Daytime Phone #