

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2005 8:00 am
Secretary of State

03-16-2005 90292 029 ****50.00

DOCUMENT # L04000005687	
1. Entity Name CORAL WEST LLC	

Principal Place of Business 3710 N. 37TH TERRACE HOLLYWOOD, FL 33021	Mailing Address 3710 N. 37TH TERRACE HOLLYWOOD, FL 33021
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30003319



2. Principal Place of Business 4651 Sheridan St Suite, Apt. #, etc. 303 City & State Hollywood, FL Zip 33021 Country USA	3. Mailing Address 4651 Sheridan St Suite, Apt. #, etc. 303 City & State Hollywood, FL Zip 33021 Country USA
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01202005 Chg-LLC CR2E083 (10/03)

4. FEI Number 200630164	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent GHITIS, LEO 3710 N. 37TH TERRACE HOLLYWOOD, FL 33021	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 remaining) DATE _____

Filing Fee is \$50.00
Due by May 1, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	mgr Leo Ghitis 3710 N. 37 Terrace Hollywood, FL 33021	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: **Leo Ghitis** **Leo Ghitis** **954 962 8166**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #