

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 28, 2007 8:00 am
Secretary of State

03-28-2007 90186 005 ****50.00

DOCUMENT # L04000020856

1. Entity Name

WESTPOINT MARINE SERVICE LLC



Principal Place of Business

1074 S.W. 57TH ST.
CAPE CORAL FL 33914

Mailing Address

1074 S.W. 57TH ST.
CAPE CORAL FL 33914

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-0990511

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD
SUITE 101
TALLAHASSEE FL 32301-2960

7. Name and Address of New Registered Agent

Name Freda West

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

1074 SW 57ST

City

Cape Coral, FL

FL

Zip Code

33914

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

Freda West

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

Freda West

(Not a Registered Agent signature required when re-registering)

3-17-07

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
MGRM
WEST, ROLAND
1074 S.W. 57TH ST.
CAPE CORAL FL 33914 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
☐ Delete

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10. ADDITIONS/CHANGES

TITLE
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STREET ADDRESS
CITY ST ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Freda West Freda West

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

Date

Daytime Phone #

239-357-6786
3-17-07