


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 20, 2007 08:00 A
Secretary of State

DOCUMENT # L04000040572 1. Entity Name WESTERVELT ENTERTAINMENT GROUP LLC	
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Principal Place of Business 7374 KAHANA DRIVE BOYNTON BEACH, FL 33437	Mailing Address 7374 KAHANA DRIVE BOYNTON BEACH, FL 33437
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DO NOT WRITE IN THIS SPACE



04072007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-0794793

Applied For
Not Applicable

5. Certificate of Status Desired ☐

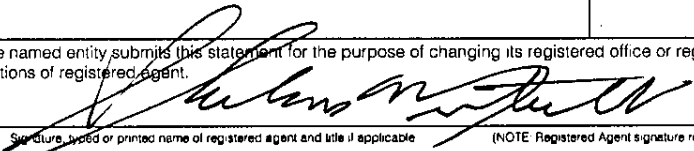
\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WESTERVELT, SHELDON
7374 KAHANA DRIVE
BOYNTON BEACH, FL 33437**

**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  **APR 12, 07**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

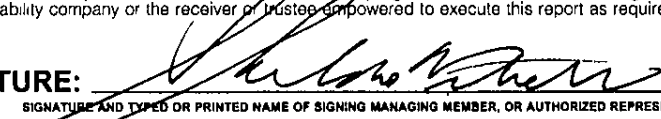
**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WESTERVELT, SHELDON 7374 KAHANA DRIVE BOYNTON BEACH, FL 33437
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WESTERVELT, SHARON 7374 KAHANA DRIVE BOYNTON BEACH, FL 33437
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WESTERVELT, MELISSA 1900 COLUMBIA PIKE APT 504 ARLINGTON, VA 22204
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

U00000718791
05/01/07-80036-003 50.00

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:  **APR 12, 07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #