


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90123 022 ***138.75

DOCUMENT # L04000054461			
1. Entity Name WEST LAKE LLC			
Principal Place of Business 12431 ANTILLE DRIVE BOCA RATON, FL 33428 US		Mailing Address 12431 ANTILLE DRIVE BOCA RATON, FL 33428 US	
2. Principal Place of Business - No P.O. Box # 6560 Park Lane W		3. Mailing Address 6560 Park Lane W	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Lake Worth FL		City & State Lake Worth FL	
Zip 33449	Country Palm Bch	Zip 33449	Country Palm Bch
6. Name and Address of Current Registered Agent DEREK A. SCHWARTZ, P.A. 2385 EXECUTIVE CENTER DR SUITE 190 BOCA RATON, FL 33431		7. Name and Address of New Registered Agent Name Segundo Saldana Street Address (P.O. Box Number is Not Acceptable) 6560 Park Lane W City Lake Worth FL Zip Code 33449	
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 <u><i>Segundo Saldana</i></u> (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SALDANA, SEGUNDO 12431 ANTILLE DRIVE BOCA RATON, FL 33428 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mgr Saldana, Segundo 6560 Park Lane W Lake Worth FL 33449 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u><i>Segundo Saldana</i></u>		1/16/08 (561) 400 3590	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

60002905



01162008 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-2618198

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**