

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000061393

**FILED**  
**Apr 07, 2009**  
**Secretary of State**

**Entity Name:** WESTVIEW COMMERCIAL DEVELOPMENT, LLC

**Current Principal Place of Business:**

1164 GOODLETTE ROAD  
NAPLES, FL 34102

**New Principal Place of Business:**

1048 GOODLETTE ROAD  
201  
NAPLES, FL 34102

**Current Mailing Address:**

3200 TAMIAMI TRAIL N., SUITE 200  
NAPLES, FL 34103

**New Mailing Address:**

P O BOX 10608  
NAPLES, FL 34102

FEI Number: 20-1518799

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LADEMAN, CARRIE E  
3200 TAMIAMI TRAIL NORTH, SUITE 200  
NAPLES, FL 34103 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: OLSON, CLIFFORD A  
Address: 1164 GOODLETTE ROAD  
City-St-Zip: NAPLES, FL 34102

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: OLSON, CLIFFORD A  
Address: 1048 GOODLETTE ROAD #201  
City-St-Zip: NAPLES, FL 34102

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CLIFFORD A. OLSON

MGRM

04/07/2009

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date