

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 06, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000066983

1. Entity Name
RAPP/WEST LLC



Principal Place of Business
**2202 NORTH WESTSHORE BLVD 5TH FL
TAMPA, FL 33607-5761**

Mailing Address
**2202 NORTH WESTSHORE BLVD 5TH FL
TAMPA, FL 33607-5761**



03292006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
43-2060625

Applied For
Not Applicable

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

8. Name and Address of Current Registered Agent

**AHLQUIST, ROBIN
2202 NORTH WESTSHORE BLVD 5TH FL
TAMPA, FL 33607-5761**

**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

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
ROBERT, BASHAM D
2202 N. WEST SHORE BLVD., 5TH FLOOR
TAMPA, FL 33607**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
JEFFREY, CHADWICK A
11010 OAKHURST ROAD
LARGO, FL 33774**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

U000000495055
04/20/06-80070-002 50.00

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IN THIS SPACE**

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

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

Date

Odaytime Phone #

3/30/06 813-282-1225