

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2008 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**



01232008No Chg-LLC

CR2E083 (12/07)

**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**

**6. 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 reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000897825  
04/25/08-80063-007 138.75

**DO NOT WRITE  
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 TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone

4-11-08 813-282-1225  
x1141