# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**DOCUMENT # L04000071105**

**1.** Entity Name
NINETY-FIVE WEST, LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 304 S. HARBOR CITY BLVD.<br>SUITE 101<br>MELBOURNE, FL 32901 | 304 S. HARBOR CITY BLVD.<br>SUITE 101<br>MELBOURNE, FL 32901 |

**DO NOT WRITE IN THIS SPACE**

01072008 No Chg-LLC          CR2E083 (12/07)

| 4. FEI Number | Applied For |
|---|---|
| 20-1684065 | Not Applicat |

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

**6. Name and Address of Current Registered Agent**

KANCILIA, JOHN R ESQ
1800 W. HIBISCUS BLVD., STE. 138
MELBOURNE, FL 32901

**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 acce 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**

U00000779155
01/11/08-80018-013  138.75

| 9. | MANAGING MEMBERS/MANAGERS | |
|---|---|---|
| TITLE | MGRM | |
| NAME | TURKNETT, WILLIAM I JR | |
| STREET ADDRESS | 304 S. HARBOR CITY BLVD., SUITE 202 | |
| CITY-ST-ZIP | MELBOURNE, FL 32901 | |
| TITLE | | |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

**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 informatior 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:**