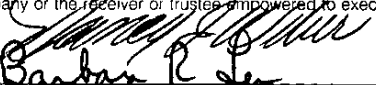


FILED
Jan 17, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000079911		
1. Entity Name WEST WING THREE, LLC		
Principal Place of Business 1133 BAL HARBOR BOULEVARD, UNIT 1129 PUNTA GORDA, FL 33950	Mailing Address 1133 BAL HARBOR BOULEVARD, UNIT 1129 PUNTA GORDA, FL 33950	 01152007 No Chg-LLC CR2E083 (11/05)
DO NOT WRITE IN THIS SPACE		
DO NOT WRITE IN THIS SPACE		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required
		6. Name and Address of Current Registered Agent LEE, BARBARA R 1133 BAL HARBOR BOULEVARD, UNIT 1129 PUNTA GORDA, FL 33950
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:		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR LEE, BARBARA R. 1133 BAL HARBOR BLVD. # 1129 PUNTA GORDA, FL 33950	DO NOT WRITE IN THIS SPACE U00000589605 01/18/07-80023-006 50.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WEBER, NANCY J. 1133 BAL HARBOUR BLVD # 1129 PUNTA GORDA, FL 33950	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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:  NANCY J. Weber 1/15/2007 941-639-8500  Barbara R Lee 1/15/2007 941-639-8500 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #		