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

DOCUMENT # L04000079911

1. Entity Name
WEST WING THREE, LLC

Principal Place of Business	Mailing Address
1133 BAL HARBOR BOULEVARD, UNIT 1129 PUNTA GORDA, FL 33950	1133 BAL HARBOR BOULEVARD, UNIT 1129 PUNTA GORDA, FL 33950

DO NOT WRITE IN THIS SPACE

01152007 No Chg-LLC CR2E083 (11/05)

4. FEI Number
20-1864606
☐ Applied For
☐ Not Applicable

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	LEE, BARBARA R.
STREET ADDRESS	1133 BAL HARBOR BLVD. # 1129
CITY-ST-ZIP	PUNTA GORDA, FL 33950
TITLE	MGR
NAME	WEBER, NANCY J.
STREET ADDRESS	1133 BAL HARBOUR BLVD # 1129
CITY-ST-ZIP	PUNTA GORDA, FL 33950
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	

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01/18/07-80023-006 50.00

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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: Barbara R Lee 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 #