

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 28, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # L04000081197**

1. Entity Name  
**5855 WEST, LLC**



Principal Place of Business  
**960 STONEWOOD LANE  
MAITLAND, FL 32751**

Mailing Address  
**960 STONEWOOD LANE  
MAITLAND, FL 32751**

**DO NOT WRITE IN THIS SPACE**



03182008No Chg-LLC

CR2E083 (12/07)

4. FEI Number  
**20-2293319**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

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

**BARRETT, RICHARD LEE  
18 WALL STREET  
ORLANDO, FL 32801**

**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**

U000000872922  
04/10/08-80057-012 138.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	DICKSON, BRYAN
STREET ADDRESS	960 STONEWOOD LANE
CITY-ST-ZIP	MAITLAND, FL 32751
TITLE	MGR
NAME	DICKSON, JENNIFER
STREET ADDRESS	960 STONEWOOD LANE
CITY-ST-ZIP	MAITLAND, FL 32751
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 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

3/18/08

Date

402-696-9610

Daytime Phone #