

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 05, 2006 8:00 am
Secretary of State

03-23-2006 90258 020 ****50.00

DOCUMENT # L05000024134

1. Entity Name
WEST CENTRAL, LLC



Principal Place of Business
**7005 CENTRAL AVENUE
ST. PETERSBURG, FL 33710**

Mailing Address
**7005 CENTRAL AVENUE
ST. PETERSBURG, FL 33710**

30004208



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03022006 Chg-LLC CR2E083 (11/05)

City & State

City & State

4. FEL Number
20-2467723

Applied For
☐ Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ARSENAULT, KENNETH G JR.
ARSENAULT LAW GROUP, P.A.
10225 ULMERTON ROAD, SUITE 2
LARGO, FL 33771**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 retreating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
LOCKE, CHARLES L
7005 CENTRAL AVENUE
ST. PETERSBURG, FL 33710** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
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CITY - ST - ZIP ☐ Delete

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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: *Charles J. Locke*

SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3/17/06 727 343-0671