

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000032263

**Entity Name:** WESTLAKE DESIGNS LLC

**FILED**  
**Jan 09, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

15 AZALEA STREET  
SEAGROVE, FL 32459 US

**New Principal Place of Business:**

**Current Mailing Address:**

174 WATERCOLOR WAY, #266  
SANTA ROSA BEACH, FL 32459 US

**New Mailing Address:**

**FEI Number:** 20-4100437

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SCHUETTE, AMANDA W MS.  
15 AZALEA STREET  
SEAGROVE, FL 32459 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MS  
**Name:** SCHUETTE, AMANDA W  
**Address:** 15 AZALEA STREET  
**City-St-Zip:** SEAGROVE, FL 32459 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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:** AMANDA WESTLAKE SCHUETTE

MS

01/09/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date