

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000060514

Entity Name: 115 WEST DEVELOPMENT LLC

FILED
Mar 29, 2009
Secretary of State

Current Principal Place of Business:

115 WEST FIRST STREET
SANFORD, FL 32771

New Principal Place of Business:

Current Mailing Address:

5224 WEST STATE ROAD 46
PMB 305
SANFORD, FL 32771

New Mailing Address:

FEI Number: 20-3028084

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TIBSTRA, STEPHEN G
6705 SYLVAN WOODS DRIVE
SANFORD, FL 32771 US

Name and Address of New Registered Agent:

TIBSTRA, STEPHEN G
5224 WEST STATE ROAD 46 #305
SANFORD, FL 32771 US

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: STEPHEN G. TIBSTRA

03/29/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: TIBSTRA, STEPHEN G
Address: 6705 SYLVAN WOODS DRIVE
City-St-Zip: SANFORD, FL 32771

Title: MGR () Delete
Name: TIBSTRA, ELIZABETH Z
Address: 6705 SYLVAN WOODS DRIVE
City-St-Zip: SANFORD, FL 32771

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: TIBSTRA, STEPHEN G
Address: 5224 WEST STATE ROAD 46 #305
City-St-Zip: SANFORD, FL 32771

Title: MGR (X) Change () Addition
Name: TIBSTRA, ELIZABETH Z
Address: 5224 WEST STATE ROAD 46 #305
City-St-Zip: SANFORD, FL 32771

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: STEPHEN G. TIBSTRA

MGRM

03/29/2009

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