

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Aug 04, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000105304**

1. Entity Name  
WEST WIND ANGUS, LLC



Principal Place of Business  
8114 S.W. 2ND TERRACE  
BUSHNELL, FL 33513

Mailing Address  
8114 S.W. 2ND TERRACE  
BUSHNELL, FL 33513



07142008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-3680152	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

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

FROBERG, DALE  
8114 S.W. 2ND TERRACE  
BUSHNELL, FL 33513

**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  
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	FROBERG, DALE
STREET ADDRESS	8114 S.W. 2ND TERRACE
CITY-ST-ZIP	BUSHNELL, FL 33513
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	

U00000957000  
08/04/08-80005-017 138.75

**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:** Dale Froberg

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

7 30 08

Date

Daytime Phone #