

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 04, 2007 8:00 am
Secretary of State

04-30-2007 90079 013 ****50.00

DOCUMENT # L05000114477 1. Entity Name WESTERN 71, LLC					
Principal Place of Business 1025 COUNTY ROAD 17 NORTH LAKE PLACID, FL 33852			Mailing Address 1025 COUNTY ROAD 17 NORTH LAKE PLACID, FL 33852		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country			
4. FEI Number				Applied For ☒ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				04242007 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent SMOAK, EDWARD L JR 1025 COUNTY ROAD 17 NORTH LAKE PLACID, FL 33852			7. Name and Address of New Registered Agent 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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)					
Filing Fee is \$50.00 Due by May 1, 2007				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SMOAK, EDWARD L JR 1025 COUNTY ROAD 17 NORTH LAKE PLACID, FL 33852	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
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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: _____ SIGNATURE AND TITLE OF LIMITED LIABILITY COMPANY, MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			4/27/07 863-465-2561 Date Daytime Phone #		

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