


FILED
Apr 15, 2008 8:00 am
Secretary of State

50003130

DOCUMENT # L05000116411

1. Entity Name
WESTCHASE CITYHOMES, LLC



04-15-2008 90105 045 ***138.75


Principal Place of Business
2506 S. MACDILL AVENUE, SUITE A
TAMPA, FL 33629

Mailing Address
2506 S. MACDILL AVENUE, SUITE A
TAMPA, FL 33629

50003130

2. Principal Place of Business - No P.O. Box #
13907 CARROLLWOOD VILLAGE RUN

3. Mailing Address
13907 CARROLLWOOD VILLAGE RUN



Suite, Apt. #, etc.

Suite, Apt. #, etc.

04112008 Chg-LLC CR2E083 (12/06)

City & State
TAMPA FL

City & State
TAMPA FL

4. FEI Number
20-4085556

Applied For
Not Applicable

Zip
33618

Country

Zip
33618

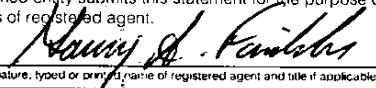
Country

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

6. Name and Address of Current Registered Agent
RAPPAPORT, JASON T
2506 S. MACDILL AVENUE, SUITE A
TAMPA, FL 33629

7. Name and Address of New Registered Agent
Name
GARY FAIRBANKS
Street Address (P.O. Box Number is Not Acceptable)
13907 CARROLLWOOD VILLAGE RUN
City
TAMPA FL Zip Code
33618

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
 GARY A. FAIRBANKS 4/11/08
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
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

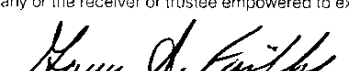
9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RAPPAPORT, JASON T 2506 SOUTH MACDILL AVE SUITE A TAMPA, FL 33629	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GARY FAIRBANKS 13907 CARROLLWOOD VILLAGE RUN TAMPA FL 33618	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  GARY A. FAIRBANKS 4/11/08 813-269-0899
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #