2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 29, 2007 8:00 am
Secretary of State

04-19-2007 90030 048 ****50.00

DOCUMENT # L06000001196

1. Entity Name

WEST VEST, LLC

Principal Place of Business	Mailing Address
4904 NORTH TRAVELERS PALM LANE TAMARAC FL 33319 US	4904 NORTH TRAVELERS PALM LANE TAMARAC FL 33319 US

1st MOORE CR2E083 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	3981 Beacon Ridge Way
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: CLERMONT, FL
Zip / Country	Zip: 34711 / Country: USA

4. FEI Number: 56-2549564 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WEST, JOSEPH
4904 NORTH TRAVELERS PALM LANE
TAMARAC FL 33319

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 ______________________

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	☐ Delete
NAME	WEST, JOSEPH	
STREET ADDRESS	4904 NORTH TRAVELERS PALM LANE	
CITY-ST-ZIP	TAMARAC FL 33319	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
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10. ADDITIONS/CHANGES

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Joseph W. West

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #