

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000021587

FILED  
Jul 03, 2007  
Secretary of State

**Entity Name:** WEST COAST FURNITURE INSTALLATION, LLC

**Current Principal Place of Business:**

11866 METRO PARKWAY  
FT. MYERS, FL 33912

**New Principal Place of Business:**

11866 METRO PARKWAY  
FT. MYERS, FL 339661307

**Current Mailing Address:**

11866 METRO PARKWAY  
FT. MYERS, FL 33912

**New Mailing Address:**

11866 METRO PARKWAY  
FT. MYERS, FL 339661307

FEI Number: 20-4398919      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

GAMMONS, JOE  
11866 METRO PARKWAY  
FT. MYERS, FL 33912      US

**Name and Address of New Registered Agent:**

GAMMONS, JOE  
11866 METRO PARKWAY  
FT. MYERS, FL 339661307      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: JOE GAMMONS

07/03/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: CROUSE, CHAD  
Address: 6825 HUNTINGTON LAKES CR. #201  
City-St-Zip: NAPLES, FL 34119

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: CHAD CROUSE

MGRM

07/03/2007

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