

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000037379

FILED
Mar 06, 2007
Secretary of State

Entity Name: DIRECT4U WEST COAST, LLC

Current Principal Place of Business:

13658 12 ST NORTH
UNIT #4
TAMPA, FL 33612

New Principal Place of Business:

8320 NW 56TH ST
DORAL, FL 33166

Current Mailing Address:

13658 12 ST NORTH
UNIT #4
TAMPA, FL 33612

New Mailing Address:

8320 NW 56TH ST
DORAL, FL 33166

FEI Number: 20-4710997

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPAZIC, GUNTHER
13658 12 ST NORTH
UNIT #4
TAMPA, FL 33612 US

Name and Address of New Registered Agent:

SPASIC, GUNTER
8320 NW 56TH ST
DORAL, FL 33166 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: GUNTER SPASIC

03/06/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SPAZIC, GUNTHER
Address: 13658 12 ST NORTH, UNIT #4
City-St-Zip: MIAMI, FL 33612

Title: MGRM () Delete
Name: ORTIGOZA, JOSE
Address: 13658 12ST NORTH, UNIT #4
City-St-Zip: MIAMI, FL 33612

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SPASIC, GUNTER
Address: 8320 NW 56TH ST
City-St-Zip: DORAL, FL 33166

Title: MGRM (X) Change () Addition
Name: ORTIGOZA, JOSE
Address: 8320 NW 56TH ST
City-St-Zip: DORAL, FL 33166

I hereby certify that the information supplied with this filing does not qualify for the 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: GUNTER SPASIC

MGR

03/06/2007

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