

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000051385

Entity Name: WEST MOUNT AIRY, LLC

**FILED**  
**Apr 10, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

19800 SANDPOINTE BAY DRIVE APT. 604  
TEQUESTA, FL 33469

**New Principal Place of Business:**

**Current Mailing Address:**

19800 SANDPOINTE BAY DRIVE, APT. 604  
TEQUESTA, FL 33469

**New Mailing Address:**

FEI Number: 35-2326277

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LEVINE, STEFAN J.S.  
19800 SANDPOINTE BAY DRIVE APT. 604  
TEQUESTA, FL 33469 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MR  
Name: LEVINE, STEFAN  
Address: 19800 SANDPOINTE BAY DRIVE APT 604  
City-St-Zip: TEQUESTA, FL 33469

I hereby 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: STEFAN LEVINE

MM

04/10/2012

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