

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

**FILED**  
**Feb 19, 2008 8:00 am**  
**Secretary of State**

02-19-2008 90066 010 \*\*\*138.75

**DOCUMENT # L06000054187**

1. Entity Name

PARKWEST, LLC



Principal Place of Business

310 BLOUNT STREET  
SUITE 108  
TALLAHASSEE FL 32301

Mailing Address

310 BLOUNT STREET  
SUITE 108  
TALLAHASSEE FL 32301  
US

2. Principal Place of Business - No P.O. Box #

310 Blount Street

3. Mailing Address

P.O. Box 4315

Suite, Apt. #, etc.

Suite 112

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/07)

City & State  
Tallahassee, FLORIDA

City & State  
Tallahassee, Florida

4. FEI Number  
20-4941323

Applied For

Not Applicable

Zip

32301

Country

U.S.A

Zip

32315

Country

U.S.A

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MASTRY, MICHAEL  
310 BLOUNT STREET  
SUITE 108  
TALLAHASSEE FL 32301

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 if applicable

(NOTE: Registered agent signature required when reappointing)

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
MASTRY, MICHAEL  
310 BLOUNT STREET, SUITE 108  
TALLAHASSEE FL 32301 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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10. ADDITIONS/CHANGES

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

TITLE  
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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/10/08

224-1609