

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000069392

FILED
Jan 07, 2009
Secretary of State

Entity Name: WEST STAYANOFF, LLC

Current Principal Place of Business:

600 S. ORLANDO AVE
SUITE 301
MAITLAND, FL 32751 US

New Principal Place of Business:

Current Mailing Address:

600 S. ORLANDO AVE
SUITE 301
MAITLAND, FL 32751 US

New Mailing Address:

FEI Number: 02-0781753

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEST, PAUL S
600 S. ORLANDO AVE
SUITE 301
MAITLAND, FL 32751 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: MGR () Delete
Name: WEST, PAUL S
Address: 600 S. ORLANDO AVE, SUITE 301
City-St-Zip: MAITLAND, FL 32751 US

Title: MGR () Delete
Name: STAYANOFF, JOSEPH C
Address: 1601 WINTER GREEN BLVD, UNIT 201
City-St-Zip: WINTER PARK, FL 32792 US

Title: MGR () Delete
Name: WEST, ANNE M
Address: 600 S. ORLANDO AVE, SUITE 301
City-St-Zip: MAITLAND, FL 32751 US

ADDITIONS/CHANGES:

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

Title: MGR (X) Change () Addition
Name: STAYANOFF, JOSEPH C
Address: 3495 MEDFORD ROAD
City-St-Zip: CASSELBERRY, FL 32707 US

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: PAUL S. WEST

MGR

01/07/2009

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