

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000015357

FILED  
Mar 29, 2009  
Secretary of State

Entity Name: WESTAX, LLC

**Current Principal Place of Business:**

3353 LOPINTO ST  
NORTH PORT, FL 34287

**New Principal Place of Business:**

**Current Mailing Address:**

3353 LOPINTO ST  
NORTH PORT, FL 34287

**New Mailing Address:**

FEI Number: 20-8412957      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

WEST, MAURIE A  
3353 LOPINTO ST  
NORTH PORT, FL 34287      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: MGRM      ( ) Delete  
Name: WEST, MAURIE A  
Address: 3353 LOPINTO ST  
City-St-Zip: NORTH PORT, FL 34287

**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: MAURIE WEST

MGRM

03/29/2009

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