

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000049272

FILED  
Jan 03, 2011  
Secretary of State

**Entity Name:** WESTCOAST DESIGN CENTER, LLC

**Current Principal Place of Business:**

1895 EAST GORDON DRIVE  
NAPLES, FL 34102

**New Principal Place of Business:**

3185 VAN BUREN AVENUE  
NAPLES, FL 34112

**Current Mailing Address:**

1895 EAST GORDON DRIVE  
NAPLES, FL 34102

**New Mailing Address:**

3185 VAN BUREN AVENUE  
NAPLES, FL 34112

FEI Number: 26-0156199

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

NOVATT, JEFF M ESQ.  
C/O CHEFFY, PASSIDOMO, ET AL.  
821 FIFTH AVENUE SOUTH, SUITE 201  
NAPLES, FL 34102 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  
Name: MACDONALD, ROBERT J  
Address: 1895 EAST GORDON DRIVE  
City-St-Zip: NAPLES, FL 34102

Title: MGRM  
Name: MACDONALD, MARIANN T  
Address: 1895 EAST GORDON DRIVE  
City-St-Zip: NAPLES, FL 34102

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: MARIANN MACDONALD

MGRM

01/03/2011

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