

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000074219

**FILED**  
**Feb 22, 2011**  
**Secretary of State**

**Entity Name:** WEST LAKE BAIT AND TACKLE, LLC

**Current Principal Place of Business:**

4715 KISSIMMEE PARK RD.  
LOT 123  
ST CLOUD, FL 34772

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 702481  
ST CLOUD, FL 347722481

**New Mailing Address:**

**FEI Number:** 74-3218959

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WILLIAMS, SHARON L  
1558 REGAL OAK DRIVE  
KISSIMMEE, FL 34744 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:** WILLIAMS, BRAD R  
**Address:** 1558 REGAL OAK DRIVE  
**City-St-Zip:** KISSIMMEE, FL 34744

**Title:** MGRM  
**Name:** WILLIAMS, SHARON L  
**Address:** 1558 REGAL OAK DRIVE  
**City-St-Zip:** KISSIMMEE, FL 34744

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:** SHARON WILLIAMS

MGRM

02/22/2011

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