

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000057712

Entity Name: 3615 14TH AVE, LLC

FILED  
Apr 30, 2009  
Secretary of State

**Current Principal Place of Business:**

18 MANGROVE PT  
SAINT PETERSBURG, FL 33705 US

**New Principal Place of Business:**

2560 1ST AVE. S.  
SAINT PETERSBURG, FL 33712 US

**Current Mailing Address:**

18 MANGROVE PT  
SAINT PETERSBURG, FL 33705 US

**New Mailing Address:**

2560 1ST AVE. S.  
SAINT PETERSBURG, FL 33712 US

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

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

EASON, BRUCE K  
18 MANGROVE PT  
SAINT PETERSBURG, FL 33707 US

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

EASON, BRUCE K  
18 MANGROVE PT  
SAINT PETERSBURG, FL 33705 US

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: BRUCE K. EASON

04/30/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: WEST FLORIDA REALTY INVESTMENTS, LLC  
Address: 5614 16TH AVE. S.  
City-St-Zip: GULFPORT, FL 33707 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: WEST FLORIDA REALTY INVESTMENTS, LLC  
Address: 2560 1ST AVE. S.  
City-St-Zip: ST. PETERSBURG, FL 33712 US

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: B. KIRK EASON

MGR

04/30/2009

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