

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000100247

Entity Name: WES KEARNEY WAY, LLC

**FILED**  
**Apr 20, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

5115 JOANNE KEARNEY BLVD.  
ATTN: JIM REED  
TAMPA, FL 33619

**New Principal Place of Business:**

9625 WES KEARNEY WAY  
RIVERVIEW, FL 33578

**Current Mailing Address:**

5115 JOANNE KEARNEY BLVD.  
ATTN: JIM REED  
TAMPA, FL 33619

**New Mailing Address:**

PO BOX 5299  
ATTN: JIM REED  
TAMPA, FL 33675

FEI Number: 26-3620784

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

REED, JAMES M  
5115 JOANNE KEARNEY BLVD.  
TAMPA, FL 33619 US

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

REED, JAMES M  
9625 WES KEARNEY WAY  
RIVERVIEW, FL 33675 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: \_\_\_\_\_

Electronic Signature of Registered Agent

04/20/2010

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: KEARNEY, BING  
Address: 5115 WES KEARNEY WAY  
City-St-Zip: TAMPA, FL 33619

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: BING KEARNEY

MGR

04/20/2010

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