

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000101643

Entity Name: OBP WEST, LLC

**FILED**  
**Apr 19, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

4 NE 1ST AVE  
JENSEN BEACH, FL 34957 US

**New Principal Place of Business:**

5690 SW SUNSHINE FARMS WAY  
PALM CITY, FL 34990 US

**Current Mailing Address:**

5690 SUNSHINE FARMS WAY  
PALM CITY, FL 34990 US

**New Mailing Address:**

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

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

HENDRY-COKER, MARCIA  
5690 SUNSHINE FARMS WAY  
PALM CITY, FL 34990 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: HENDRY-COKER, MARCIA  
Address: 5690 SUNSHINE FARMS WAY  
City-St-Zip: PALM CITY, FL 34990 US

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: MARCIA HENDRY COKER MGRM 04/19/2012

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