

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000003848

**FILED**  
**Apr 10, 2012**  
**Secretary of State**

**Entity Name:** WEST RIDING ENTERPRISES, LLC

**Current Principal Place of Business:**

31120 INTERLACHEN DRIVE  
SORRENTO, FL 32776

**New Principal Place of Business:**

**Current Mailing Address:**

31120 INTERLACHEN DRIVE  
SORRENTO, FL 32776

**New Mailing Address:**

**FEI Number:** 26-3907207

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WILSON, JANET  
31120 INTERLACHEN DRIVE  
SORRENTO, FL 32776 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: WILSON, JANET  
Address: 31120 INTERLACHEN DRIVE  
City-St-Zip: SORRENTO, FL 32776 US

Title: MGRM  
Name: WILSON, TIM  
Address: 31120 INTERLACHEN DRIVE  
City-St-Zip: SORRENTO, FL 32776 UN

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: JANET WILSON

MGRM

04/10/2012

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