

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000059825

**Entity Name:** WEST AVENUE GROUP, LLC

**FILED**  
**Apr 07, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

863 PINE FOREST TRAIL WEST  
PORT ORANGE, FL 32127 US

**New Principal Place of Business:**

**Current Mailing Address:**

863 PINE FOREST TRAIL WEST  
PORT ORANGE, FL 32127 US

**New Mailing Address:**

**FEI Number:** 27-0413271

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

QUINT, RICHARD A  
863 PINE FOREST TRAIL WEST  
PORT ORANGE, FL 32127 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:** MCCALLUM, LORRAINE F  
**Address:** 3541 JOHN ANDERSON DRIVE  
**City-St-Zip:** ORMOND BEACH, FL 32176

**Title:** MGRM  
**Name:** QUINT, RICHARD A  
**Address:** 863 PINE FOREST TRAIL WEST  
**City-St-Zip:** PORT ORANGE, FL 32127

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:** LORRAINE MCCALLUM

MGRM

04/07/2011

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