

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000006714

Entity Name: WEST CANYON, LLC

FILED
Mar 09, 2007
Secretary of State

Current Principal Place of Business:

C/O WILLIAM T. FLINT
P.O. BOX 121
OWLS HEAD, ME 04854

New Principal Place of Business:

91 HOLIDAY BEACH RD
OWLS HEAD, ME 04854

Current Mailing Address:

C/O WILLIAM T. FLINT
P.O. BOX 121
OWLS HEAD, ME 04854

New Mailing Address:

FEI Number: 59-3604781

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 () Delete
Name: FLINT, WILLIAM T
Address: P.O. BOX 121
City-St-Zip: OWLS HEAD, ME 04854

Title: MGRM () Delete
Name: FLINT, LOUISE W
Address: P.O. BOX 121
City-St-Zip: OWLS HEAD, ME 04854

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: WILLIAM T. FLINT

MGRM

03/09/2007

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