

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000013959

Entity Name: WEST SERVICES L.L.C.

Current Principal Place of Business:

2008 CHULI NENE
TALLAHASSEE, FL 32301

Current Mailing Address:

PO BOX 13357
TALLAHASSEE, FL 32317

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WEST, JOHN C
2008 CHULI NENE
TALLAHASSEE, FL 32301 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

_____ Date

Authorized Person(s) Detail :

Title MGRM
Name WEST, JOHN C
Address 2008 CHULI NENE
City-State-Zip: TALLAHASSEE FL 32301

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOHN C WEST

MGRM

02/26/2016

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date