

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000043189

**Entity Name:** KIM WEST LLC

**Current Principal Place of Business:**

921 NORTH ST  
FORT MYERS BEACH, FL 33931

**Current Mailing Address:**

921 NORTH STREET  
FORT MYERS BEACH, FL 33931

**FEI Number:** 26-2505711

**Certificate of Status Desired:** No

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

WEST, KIM S  
921 NORTH STREET  
FORT MYERS BEACH, FL 33931 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           MGM  
Name           WEST, KIM S  
Address        921 NORTH STREET  
City-State-Zip: FORT MYERS BEACH FL 33931

*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:** KIM WEST

**OWNER**

**04/13/2018**

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date