

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000131694

Entity Name: THE WEST WING, LLC**Current Principal Place of Business:**16185 HIGHWAY 34 WEST
DELAPLAINE, AR 72425**Current Mailing Address:**6624 LANDOVER CIRCLE
TALLAHASSEE, FL 32317 US**FEI Number:** 27-4391555**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**KLAPPAS, PETER J
6624 LANDOVER CIRCLE
TALLAHASSEE, FL 32317 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:** PETER J KLAPPAS

01/24/2013

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name SWEARINGEN, CHAD M
Address 347 SKATE DRIVE
City-State-Zip: TALLAHASSEE FL 32312

Title MGRM
Name RHYNE, DAVID NJR.
Address 3966 NASH CREEK ESTATES
City-State-Zip: OPELIKA AL 36804

Title MGRM
Name KELLEY, RONALD EIII
Address 3503 MARVYN PARKWAY #174
City-State-Zip: OPELIKA AL 38604

Title MGRM
Name KLAPPAS, PETER J
Address 6624 LANDOVER CIRCLE
City-State-Zip: TALLAHASSEE FL 32317

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PETER J KLAPPAS

RA

01/24/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date