

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000161143

**Entity Name:** WEST PALM BEACH, LLC

**Current Principal Place of Business:**

2559 NURSERY ROAD  
SUITE A  
CLEARWATER, FL 33764

**Current Mailing Address:**

2559 NURSERY ROAD  
SUITE A  
CLEARWATER, FL 33764

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

BURNS, DOUGLAS J  
2559 NURSERY ROAD  
SUITE A  
CLEARWATER, FL 33764 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 MANAGER  
Name BURNS, DOUGLAS J  
Address 2559 NURSERY ROAD  
SUITE A  
City-State-Zip: CLEARWATER FL 33764

Title MGRM  
Name JOHNSON, KEITH R  
Address 3691 SR 580 W.  
SUITE H  
City-State-Zip: OLDSMAR FL 34677

Title MGRM  
Name JOHNSON, KEITH R  
Address 3691 SR 580 W.  
SUITE H  
City-State-Zip: OLDSMAR FL 34677

*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:** KEITH R. JOHNSON

MGRM

04/29/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date