## 2015 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

FILED Mar 21, 2015

**Secretary of State** 

CC7384194850

Authorized Person(s) Detail:

Title MANAGER Title MGRM

Name BURNS, DOUGLAS J Name JOHNSON, KEITH R

Address 2559 NURSERY ROAD Address 3691 SR 580 W.

SUITE A SUITE H

City-State-Zip: CLEARWATER FL 33764 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.

Electronic Signature of Signing Authorized Person(s) Detail