

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000191541

**Entity Name:** WALLACE WEST, LLC

**Current Principal Place of Business:**

6585 SHADY HOLLOW DR  
PACE, FL 32571

**Current Mailing Address:**

P.O. BOX 11219  
PENSACOLA, FL 32524 US

**FEI Number:** 47-2556806

**Certificate of Status Desired:** No

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

DOWNEY, HARRELL G  
6585 SHADY HOLLOW DR  
PACE, FL 32571 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	MGR	Title	AMBR
Name	DOWNEY, HARRELL G	Name	DOWNEY, HARRELL G
Address	6585 SHADY HOLLOW DR	Address	6585 SHADY HOLLOW DR
City-State-Zip:	PACE FL 32571	City-State-Zip:	PACE FL 32571

*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:** HARRELL DOWNEY

**MGR**

**01/06/2020**

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

\_\_\_\_\_  
Date