

2017 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

FEI Number: 47-2556806

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WEAVER, SHALEAH
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 AMBR
Name ARGERIS, SHALEAH
Address 6585 SHADY HOLLOW DR
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: SHALEAH ARGERIS

AMBR

04/05/2017

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date