

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000135228

**Entity Name:** THE WEST END COMMUNITY RESOURCE & HISTORIC  
PRESERVATION CENTER LLC

**Current Principal Place of Business:**

2860 BARNES STREET  
MARIANNA, FL 32448

**Current Mailing Address:**

P.O. BOX 6287  
2860 BARNES STREET  
MARIANNA, FL 32447 US

**FEI Number:** 20-0001352

**Certificate of Status Desired:** Yes

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

WILSON, CHALMERS III  
4721 CLAY STREET  
MARIANNA, FL 32447 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  
Name WILSON, CHALMERS III  
Address 4271 CLAY STREET  
City-State-Zip: MARIANNA FL 32447

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:** CHALMERS WILSON, III

**MANAGER / REGISTERED AGENT** 03/06/2023

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

\_\_\_\_\_  
Date