

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11190

Entity Name: WEST END MASTER MAINTENANCE, INC.**Current Principal Place of Business:**5208 SW 91ST DRIVE
SUITE D
GAINESVILLE, FL 32608**Current Mailing Address:**5208 SW 91ST DRIVE
SUITE D
GAINESVILLE, FL 32608 US**FEI Number:** 59-2779916**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MGMT SPECIALISTS SVCS
5208 SW 91ST DRIVE
SUITE D
GAINESVILLE, FL 32608 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**Officer/Director Detail :**

Title	D
Name	OAKMAN, TRAVIS
Address	5208 SW 91ST DRIVE, SUITE D
City-State-Zip:	GAINESVILLE FL 32608

Title	DIRECTOR
Name	SAARINEN, PHYLLIS
Address	5208 SW 91ST DRIVE, SUITE D
City-State-Zip:	GAINESVILLE FL 32608

Title	D
Name	MAZUR, SARADNA
Address	5208 SW 91ST DRIVE, SUITE D
City-State-Zip:	GAINESVILLE FL 32608

Title	T
Name	PAUQUETTE, SCOTT
Address	5208 SW 91ST DRIVE, SUITE D
City-State-Zip:	GAINESVILLE FL 32608

Title	D
Name	HODOR, ANDREW
Address	5208 SW 91ST DRIVE, SUITE D
City-State-Zip:	GAINESVILLE FL 32608

Title	P
Name	PERSAD, RANDY
Address	5208 SW 91ST DRIVE SUITE D
City-State-Zip:	GAINESVILLE FL 32608

Title	D
Name	HOFFMAN, MARCEITA
Address	5208 SW 91ST DRIVE SUITE D
City-State-Zip:	GAINESVILLE FL 32608

Title	S
Name	STILES, LINDA
Address	5208 SW 91ST DRIVE SUITE D
City-State-Zip:	GAINESVILLE FL 32608

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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: RANDY PERSAD**AGENT****01/26/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date