

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000021667

Entity Name: 140 NORTH WESTMONTE DRIVE, L.L.C.**Current Principal Place of Business:**140 NORTH WESTMONTE DRIVE, STE. 100
ALTAMONTE SPRINGS, FL 32714**Current Mailing Address:**140 N. WESTMONTE DR. STE. 100
ALTAMONTE SPRINGS, FL 32714 US**FEI Number:** 54-2071642**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ARIAS, ANTONIO
140 N. WESTMONTE DR. STE. 100
ALTAMONTE SPRINGS, FL 32714 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	ARIAS, ANTONIO
Address	140 NORTH WESTMONTE DRIVE, STE. 100
City-State-Zip:	ALTAMONTE SPRINGS FL 32714

Title	MGR
Name	ARIAS, ANTONIO O
Address	140 NORTH WESTMONTE DRIVE, STE. 100
City-State-Zip:	ALTAMONTE SPRINGS FL 32714

Title	MGR
Name	ARIAS, FRANCISCO
Address	140 NORTH WESTMONTE DRIVE, STE. 100
City-State-Zip:	ALTAMONTE SPRINGS FL 32714

Title	MGR
Name	ARIAS, CARLOS
Address	140 NORTH WESTMONTE DRIVE, STE. 100
City-State-Zip:	ALTAMONTE SPRINGS FL 32714

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: ANTONIO ARIAS

MGR

03/25/2019

Electronic Signature of Signing Authorized Person(s) Detail_____
Date