

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000045605

**Entity Name:** DOMINION WESTSHORE, LLC

**Current Principal Place of Business:**

1414 W SWANN AVE  
SUITE 100  
TAMPA, FL 33606

**FILED**  
**Apr 19, 2017**  
**Secretary of State**  
**CC9299262445**

**Current Mailing Address:**

1414 W SWANN AVE  
SUITE 100  
TAMPA, FL 33606 US

**FEI Number:** 20-8994986

**Certificate of Status Desired:** No

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

MCNAMARA, THOMAS P  
2907 BAY TO BAY BLVD., SUITE 201  
TAMPA, FL 33629 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	MANAGER	Title	MANAGER
Name	KRUSEN, W. ANDREW JR.	Name	JONES, DOUGLAS N
Address	1414 W SWANN AVE SUITE 100	Address	1414 W SWANN AVE SUITE 100
City-State-Zip:	TAMPA FL 33606	City-State-Zip:	TAMPA FL 33606

  

Title	MANAGER
Name	REED, DAVID H
Address	1414 W SWANN AVE SUITE 100
City-State-Zip:	TAMPA FL 33606

*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:** DOUGLAS N JONES

**MANAGER**

**04/19/2017**

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

\_\_\_\_\_  
Date