

**2015 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**  
**Mar 30, 2015**  
**Secretary of State**  
**CC5413295883**

**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  
Name           KRUSEN, W. ANDREW JR.  
Address        1414 W SWANN AVE  
                  SUITE 100  
City-State-Zip: TAMPA FL 33606

Title           MANAGER  
Name           JONES, DOUGLAS N  
Address        1414 W SWANN AVE  
                  SUITE 100  
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**

**03/30/2015**

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

\_\_\_\_\_  
Date