

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000049272

**Entity Name:** WESTCOAST DESIGN CENTER, LLC

**Current Principal Place of Business:**

3185 VAN BUREN AVENUE  
NAPLES, FL 34112

**Current Mailing Address:**

3185 VAN BUREN AVENUE  
NAPLES, FL 34112

**FEI Number:** 26-0156199

**Certificate of Status Desired:** No

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

NOVATT, JEFF MESQ.  
C/O CHEFFY, PASSIDOMO, ET AL.  
821 FIFTH AVENUE SOUTH, SUITE 201  
NAPLES, FL 34102 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           | MGRM                   | Title           | MGRM                   |
| Name            | MACDONALD, ROBERT J    | Name            | MACDONALD, MARIANN T   |
| Address         | 1895 EAST GORDON DRIVE | Address         | 1895 EAST GORDON DRIVE |
| City-State-Zip: | NAPLES FL 34102        | City-State-Zip: | NAPLES FL 34102        |

*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:** ROBERT J MACDONALD

**MEMBER**

**01/12/2021**

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

\_\_\_\_\_  
Date