

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000046489

**Entity Name:** LRV OF WESTSHORE LLC

**Current Principal Place of Business:**

5723 WESTSHORE DR  
NEW PORT RICHEY, FL 34652

**Current Mailing Address:**

5723 WESTSHORE DR  
NEW PORT RICHEY, FL 34652

**FEI Number:** 45-1823854

**Certificate of Status Desired:** No

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

EMANDI, VENKATA R  
5723 WESTSHORE DR  
NEW PORT RICHEY, FL 34652 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  
Name EMANDI, VENKATA R  
Address 5723 WESTSHORE DR  
City-State-Zip: NEW PORT RICHEY FL 34652

Title MGRM  
Name EMANDI, VARALAXMI  
Address 5723 WESTSHORE DR  
City-State-Zip: NEW PORT RICHEY FL 34652

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** VENKATA R EMANDI

MGRM

04/30/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date