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.

MGRM

SIGNATURE: VENKATA R EMANDI

Electronic Signature of Signing Authorized Person(s) Detail

SIGNATURE: Electronic Signature of Registered Agent Authorized Person(s) Detail :

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.

Authonized Ferson(s) Detail.				
Title	MGRM	Title	MGRM	
Name	EMANDI, VENKATA R	Name	EMANDI, VARALAXMI	
Address	5723 WESTSHORE DR	Address	5723 WESTSHORE DR	
City-State-Zip:	NEW PORT RICHEY FL 34652	City-State-Zip:	NEW PORT RICHEY FL 34652	
Title	MGRM			
Name	EMANDI, RANI			
Address	5723 WESTSHORE DR			
City-State-Zip:	NEW PORT RICHEY FL 34652			

EMANDI, VENKATA R

NEW PORT RICHEY, FL 34652

## **Current Mailing Address:**

5723 WESTSHORE DR

5723 WESTSHORE DR NEW PORT RICHEY, FL 34652

## FEI Number: 45-1823854

## Name and Address of Current Registered Agent:

5723 WESTSHORE DR NEW PORT RICHEY, FL 34652 US

# 2013 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

## DOCUMENT# L11000046489

Entity Name: LRV OF WESTSHORE LLC

## **Current Principal Place of Business:**

Certificate of Status Desired: No

Date

10/02/2013 Date

## FILED Oct 02, 2013 Secretary of State CC1405706673