## 2015 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

FILED Apr 28, 2015

**Secretary of State** 

CC5091434786

Authorized Person(s) Detail:

Title MGRM Title MGRM

NameEMANDI, VENKATA RNameEMANDI, VARALAXMIAddress5723 WESTSHORE DRAddress5723 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

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: VENKATA R EMANDI

**MGRM** 

04/28/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date