## Electronic Signature of Signing Authorized Person(s) Detail

DOCUMENT# L11000090257
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2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: PRIME WESTPORT, LLC

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

800 CAPITOL STREET **SUITE 3000** HOUSTON, TX 77002

#### **Current Mailing Address:**

800 CAPITOL STREET **SUITE 3000** HOUSTON, TX 77002 US

#### FEI Number: 45-2931663

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

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US

City-State-Zip:

City-State-Zip:

City-State-Zip:

Title

Title

Name

Address

Name

Address

SIGNATURE: JAYNA NICKELL

**SUITE 3000** 

**SUITE 3000** 

**SUITE 3000** 

VP

HOUSTON TX 77002

WILSON, JAMES A.

800 CAPITOL STREET

HOUSTON TX 77002

TIPPY, COURTNEY A.

800 CAPITOL STREET

HOUSTON TX 77002

VP, SECRETARY

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.

	Electronic Signature of Registered Agent			Date
Authorized I	Person(s) Detail :			
Title	MEMBER	Title	PRESIDENT	
Name	WASTE MANAGEMENT INC. OF	Name	MYHAN, DAVID M	
Address	FLORIDA 800 CAPITOL STREET SUITE 3000	Address	800 CAPITOL STREET SUITE 3000	
City-State-Zip:	HOUSTON TX 77002	City-State-Zip:	HOUSTON TX 77002	
Title	VP	Title	VP	
Name	FARMER, DOMENICA	Name	CARROLL, THOMAS G.	
Address	800 CAPITOL STREET	Address	800 CAPITOL STREET SUITE 3000	

# Continues on page 2

SUITE 3000

**SUITE 3000** 

HOUSTON TX 77002

LAMBROS, JAMES F.

800 CAPITOL STREET

HOUSTON TX 77002

NAGY, LESLIE K

**SUITE 3000** 

VP, CFO, CONTROLLER

800 CAPITOL STREET

HOUSTON TX 77002

VP, ASST. SECRETARY

City-State-Zip:

City-State-Zip:

City-State-Zip:

Title

Title

Name

Address

Name

Address

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: MARK A. LOCKETT

**VICE PRESIDENT &** ASSISTANT TREASURER

04/12/2021

FILED Apr 12, 2021 Secretary of State 2166628331CC

04/12/2021

Certificate of Status Desired: No

Date

### Authorized Person(s) Detail Continued :

Title	VP, TREASURER
Name	REED, DAVID L
Address	800 CAPITOL STREET SUITE 3000
City-State-Zip:	HOUSTON TX 77002
Title	ASST. TREASURER
Name	BENNETT, JEFF R
Address	800 CAPITOL STREET SUITE 3000
City-State-Zip:	HOUSTON TX 77002
Title	ASST. SECRETARY
Name	FOSTER, JANNE C.
Address	800 CAPITOL STREET SUITE 3000
City-State-Zip:	HOUSTON TX 77002

Title	VP, ASST. TREASURER
Name	LOCKETT, MARK A.
Address	800 CAPITOL STREET SUITE 3000
City-State-Zip:	HOUSTON TX 77002
Title	ASST. SECRETARY
Title Name	ASST. SECRETARY KAPLAN, RONALD M.
Name	KAPLAN, RONALD M. 800 CAPITOL STREET