

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000022496

Entity Name: BOUCHER BROTHERS WEST COAST, LLC**Current Principal Place of Business:**1451 OCEAN DRIVE, SUITE 205
MIAMI BEACH, FL 33139**Current Mailing Address:**1451 OCEAN DRIVE, SUITE 205
MIAMI BEACH, FL 33139**FEI Number:** 90-0795258**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WATTS-FITZGERALD, ABIGAIL C
C/O DIVINE GOODMAN RASCO WATTS-FITZGERALD & WELS PA
2800 PONCE DE LEON BLVD. SUITE 1400
CORAL GABLES, FL 33134 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	MANAGER
Name	BOUCHER, JAMES R
Address	1451 OCEAN DR SUITE 205
City-State-Zip:	MIAMI BEACH FL 33139

Title	MANAGING MEMBER
Name	BOUCHER, STEVEN V
Address	1451 OCEAN DRIVE SUITE 205
City-State-Zip:	MIAMI BEACH FL 33139

Title	MANAGING MEMBER
Name	DOMINGUEZ, JOHN P
Address	1451 OCEAN DR SUITE 205
City-State-Zip:	MIAMI BEACH FL 33139

Title	MANAGING MEMBER
Name	BOUCHER, MICHAEL G
Address	1451 OCEAN DR SUITE 205
City-State-Zip:	MIAMI BEACH FL 33139

Title	MANAGING MEMBER
Name	BOUCHER, PERRY A
Address	1451 OCEAN DR SUITE 205
City-State-Zip:	MIAMI BEACH FL 33139

Title	CFO
Name	CEDRATI, ADAM
Address	1451 OCEAN DRIVE, SUITE 205
City-State-Zip:	MIAMI BEACH FL 33139

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: ADAM CEDRATI

CFO

04/20/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date