

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000011875

**Entity Name:** C WESTMORELAND-ULLOA, LLC

**Current Principal Place of Business:**

436 KLOSTERMAN ROAD W  
PALM HARBOR, FL 34683

**Current Mailing Address:**

436 KLOSTERMAN ROAD W  
PALM HARBOR, FL 34683

**FEI Number:** 46-4604918

**Certificate of Status Desired:** No

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

WESTMORELAND-ULLOA, CECILIA G  
436 KLOSTERMAN ROAD WEST  
PALM HARBOR, FL 34683 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           WESTMORELAND-ULLOA, CECILIA G  
Address        436 KLOSTERMAN ROAD W  
City-State-Zip: PALM HARBOR FL 34683

*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:** CECILIA G WESTMORELAND-ULLOA

**PRINCIPAL/MANAGER**

**04/28/2015**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date