

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000166102

Entity Name: WBS DT-MARION, LLC**Current Principal Place of Business:**500 FLEMING STREET
KEY WEST, FL 33040**Current Mailing Address:**500 FLEMING STREET
KEY WEST, FL 33040 US**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SPOTTSWOOD, WILLIAM B JR.
500 FLEMING STREET
KEY WEST, FL 33040 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:** WILLIAM B SPOTTSWOOD JR

01/17/2020

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MANAGER
Name SPOTTSWOOD, WILLIAM B JR.
Address 500 FLEMING STREET
City-State-Zip: KEY WEST FL 33040

Title MANAGER
Name SPOTTSWOOD, ANDREA A
Address 42 FLORAL AVE
City-State-Zip: KEY WEST FL 33040

Title MANAGER
Name JUBAN, LANDE SPOTTSWOOD
Address 9 HEDWIG CIRCLE
City-State-Zip: HOUSTON TX 77024

Title MANAGER
Name SPOTTSWOOD, CHARLES C
Address 500 FLEMING STREET
City-State-Zip: KEY WEST FL 33040

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: ANDREA A SPOTTSWOOD

TRUSTEE

01/17/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date