**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**Jan 24, 2020**
**Secretary of State**
**3794807432CC**

DOCUMENT# L14000169773

**Entity Name:** 245 WESTWOOD CIRCLE E LLC

**Current Principal Place of Business:**

354 WESTWOOD CR W
WEST PALM BEACH, FL 33411

**Current Mailing Address:**

354 WESTWOOD CR W
WEST PALM BEACH, FL 33411

**FEI Number: APPLIED FOR**

**Certificate of Status Desired:** No

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

CONTESSA, MARY L
580 VILLAGE BLVD.
WEST PALM BEACH, FL 33409 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 | MGR | Title | MGR |
| Name | DAY, MAUREEN | Name | DAY, TIM |
| Address | 354 WESTWOOD CR W | Address | 354 WESTWOOD CR. W |
| City-State-Zip: | WEST PALM BEACH FL 33411 | City-State-Zip: | WEST PALM BEACH FL 33411 |

| | |
|---|---|
| Title | MGR |
| Name | BROCHARD, LEILANI |
| Address | 4710 HUNTING TRAIL |
| City-State-Zip: | LAKE WORTH FL 33461 |

*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: MAUREEN DAY MGR 01/24/2020

Electronic Signature of Signing Authorized Person(s) Detail — Date