#### 2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000086775

Entity Name: WEST COAST PRO FLOORING INSTALLATION LLC

FILED
Mar 05, 2018
Secretary of State
CC4115773412

# **Current Principal Place of Business:**

16151 HUFFMASTER RD. N.FT.MYERS. FL 33917

## **Current Mailing Address:**

16151 HUFFMASTER RD. N.FT.MYERS, FL 33917 US

FEI Number: 81-2514084 Certificate of Status Desired: No

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

NESS, MICHAEL S 16151 HUFFMASTER RD. N.FT.MYERS, FL 33917 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 PRESIDENT

Title VP

Address

Name NESS, MICHAEL S

Name GILLETT, KRSUNGI D

Address 16151 HUFFMASTER RD.

16151 HUFFMASTER RD.

City-State-Zip: N.FT.MYERS FL 33917

City-State-Zip: N.FT.MYERS FL 33917

Title SECRETARY

Title AUTHORIZED MEMBER

Name LOPEZ, CAYLEN ROBERT
Address 16151 HUFFMASTER RD

Name BUSBEE, TYKE STONE

Address 16151 HUFFMASTER RD.
City-State-Zip: N.FT.MYERS FL 33917

Address 16151 HUFFMASTER RD.

City-State-Zip: N.FT.MYERS FL 33917

Title AUTHORIZED MEMBER
Name SMITH, JAMES CANNON

Address 3349 GALAXY WAY

City-State-Zip: NORTH FORT MYERS FL 33903

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: CAYLEN ROBERT LOPEZ

**SECRETARY** 

03/05/2018