## **2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000182846

Entity Name: MG WESTSIDE, LLC

**Current Principal Place of Business:** 

9525 W BRYN MAWR AVE SUITE 700

ROSEMONT, IL 60018

FILED
Mar 20, 2024
Secretary of State
8758659039CC

## **Current Mailing Address:**

9525 W BRYN MAWR AVE SUITE 700 ROSEMONT, IL 60018 US

FEI Number: 82-2854458 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION, FL 33324 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 CEO Title PRESIDENT

Name POULOS, STEVE Name PRICCO, ANTHONY

Address 9525 W BRYN MAWR AVE Address 9525 W BRYN MAWR AVE

SUITE 700 SUITE 700

City-State-Zip: ROSEMONT IL 60018 City-State-Zip: ROSEMONT IL 60018

Title VP Title VP

Name GROETSEMA, STEVE Name ZASCHE, SEAN

Address 9525 W BRYN MAWR AVE Address 9525 W BRYN MAWR AVE

SUITE 700 SUITE 700

City-State-Zip: ROSEMONT IL 60018 City-State-Zip: ROSEMONT IL 60018

Title VP Title AUTHORIZED REPRESENTATIVE

Name SIEGEL, NICK Name CARROLL, KEVIN

Address 9525 W BRYN MAWR AVE Address 9525 W BRYN MAWR AVE

SUITE 700 SUITE 700

City-State-Zip: ROSEMONT IL 60018 City-State-Zip: ROSEMONT IL 60018

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: ANTHONY PRICCO PRESIDENT

Electronic Signature of Signing Authorized Person(s) Detail

03/20/2024 Date