

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L98000003512

**Entity Name:** JCD WESTGATE, L.L.C.

**Current Principal Place of Business:**

1551 ATLANTIC BLVD.  
SUITE 300  
JACKSONVILLE, FL 32207

**Current Mailing Address:**

P.O. BOX 47050  
JACKSONVILLE, FL 32247-7050 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

DEMETREE, J. C. JR.  
1551 ATLANTIC BLVD.  
SUITE 300  
JACKSONVILLE, FL 32207 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:** J. C. DEMETREE, JR.

03/18/2015

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title PAS  
Name DEMETREE, JACK C.  
Address P.O. BOX 47050  
City-State-Zip: JACKSONVILLE FL 32247-7050

Title VP, SECRETARY, TREASURER  
Name DEMETREE, J. C. JR.  
Address P.O. BOX 47050  
City-State-Zip: JACKSONVILLE FL 32247-7050

Title VP  
Name DEMETREE, MARK C.  
Address P.O. BOX 47050  
City-State-Zip: JACKSONVILLE FL 32247-7050

Title VP  
Name DEMETREE, CHRISTOPHER C.  
Address P.O. BOX 47050  
City-State-Zip: JACKSONVILLE FL 32247-7050

*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:** J. C. DEMETREE, JR.

VPST

03/18/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date