Electronic Signature of Signing Authorized Person(s) Detail

Entity Name: WESTPORT FLORIDA, L.L.C.

2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

## **Current Principal Place of Business:**

16201 EAST MAIN STREET CUT OFF, LA 70345

## **Current Mailing Address:**

DOCUMENT# M1400003944

C/O DIONNE CHOUEST AUSTIN 16201 EAST MAIN STREET CUT OFF, LA 70345 US

## FEI Number: 46-5463541

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD 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	: DIONNE AUSTIN		C	3/02/2022
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	MANAGER	Title	AUTHORIZED REPRESENTATIVE	1
Name	AUSTIN, DIONNE CHOUEST	Name	DUPRE, BETH	
Address	16201 EAST MAIN STREET	Address	16201 EAST MAIN STREET	
City-State-Zip:	CUT OFF LA 70345	City-State-Zip:	CUT OFF LA 70345	

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.

Certificate of Status Desired: No

Date