

2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M14000003944

Entity Name: WESTPORT FLORIDA, L.L.C.**Current Principal Place of Business:**16201 EAST MAIN STREET
DIONNE AUSTIN, MANAGER
CUT OFF, LA 70345**Current Mailing Address:**16201 EAST MAIN STREET
DIONNE AUSTIN, MANAGER
CUT OFF, LA 70345 US**FEI Number:** 46-5463541**Certificate of Status Desired:** No**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

02/05/2020

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGR	Title	AUTHORIZED REPRESENTATIVE
Name	AUSTIN, DIONNE	Name	MATHERNE, RACHEAL A.
Address	16201 EAST MAIN STREET	Address	16201 EAST MAIN
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.

SIGNATURE: RACHEAL MATHERNE**AUTHORIZED
REPRESENTATIVE**

02/05/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date