

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M15000003665

**Entity Name:** WESTWINDS HOTEL, LLC

**Current Principal Place of Business:**

904 EATON STREET  
KEY WEST, FL 33040

**Current Mailing Address:**

387 MEDINA ROAD, SUITE 400  
MEDINA, OH 44256

**FEI Number:** 47-3407859

**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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title MGR  
Name LEOHR, DOUGLAS  
Address 387 MEDINA RD. SUITE 400  
City-State-Zip: MEDINA OH 44256

Title MGR  
Name MCGREER, SEAN  
Address 387 MEDINA RD. SUITE 400  
City-State-Zip: MEDINA OH 44256

Title MGR  
Name PAICH, ROMAN  
Address 387 MEDINA RD. SUITE 400  
City-State-Zip: MEDINA OH 44256

Title MANAGER  
Name MOFFA, JOSEPH  
Address 387 MEDINA RD  
SUITE 400  
City-State-Zip: MEDINA OH 44256

Title CFO  
Name STEWART, ROBERT  
Address 387 MEDINA ROAD  
SUITE 400  
City-State-Zip: MEDINA OH 44256

*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:** ROBERT STEWART

CFO

02/09/2024

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date