## **2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M15000003665

Entity Name: WESTWINDS HOTEL, LLC

Zinity Namo: WZOTWINDOTTOTZZ, ZZO

**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.

Title

SIGNATURE:

Electronic Signature of Registered Agent

Date

FILED Feb 15, 2019

**Secretary of State** 

4759362809CC

Authorized Person(s) Detail:

Title MGR

Name LEOHR, DOUGLAS Name MCGREER, SEAN

Address 387 MEDINA RD. SUITE 400 Address 387 MEDINA RD. SUITE 400

City-State-Zip: MEDINA OH 44256 City-State-Zip: MEDINA OH 44256

Title MGR Title MANAGER

NamePAICH, ROMANNameMOFFA, JOSEPHAddress387 MEDINA RD. SUITE 400Address387 MEDINA RD

SUITE 400

MGR

City-State-Zip: MEDINA OH 44256 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: JOSEPH MOFFA

Electronic Signature of Signing Authorized Person(s) Detail

02/15/2019

Date