

**FILED**  
**Mar 09, 2006 8:00 am**  
**Secretary of State**

DOCUMENT # L05000071111

1. Entity Name  
WESTSHORE COMMERCE CENTER, LLC



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 20-3171687	Applied For
	Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

**7. Name and Address of New Registered Agent**

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code

**SIGNATURE** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. DATE

**Make check payable to  
Florida Department of State**

### ADDITIONS / CHANGES

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

SIGNATURE: [Signature] JAN 23, 2006 8138756324



ATTACHMENT  
3000 1993

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 3, 2006

WESTSHORE COMMERCE CENTER, LLC  
3333 W. KENNEDY BOULEVARD, SUITE 206  
TAMPA, FL 33609

Subject: WESTSHORE COMMERCE CENTER, LLC

Reference Number: **L05000071111**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Provide the title(s) of each manager, managing member or principal listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/MH  
ANNUAL REPORTS SECTION

RECEIVED  
FEB 17 2006