

**2007 LIMITED LIABILITY COMPANY.
ANNUAL REPORT**

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000090311

1. Entity Name
WESTGATE RE, LLC



Principal Place of Business

1601 MCCLOSKEY BOULEVARD HOOKERS POINT
TAMPA, FL 33605-6710

Mailing Address

1601 MCCLOSKEY BOULEVARD HOOKERS POINT
TAMPA, FL 33605-6710



01052007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
61-1494374

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BARKETT, RICHARD A
1601 MCCLOSKEY BOULEVARD HOOKERS POINT
TAMPA, FL 33605-6710

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

U00000622627
02/13/07-80033-008 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	BARKER, RICHARD
STREET ADDRESS	1601 MCCLOSKEY BLVD HOOKERS POINT
CITY-ST-ZIP	TAMPA, FL 33605

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1-507 813-248-1988 x105