

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000064196

Entity Name: WESTCROSS LLC

FILED  
Apr 19, 2012  
Secretary of State

**Current Principal Place of Business:**

218-A E EAU GALLIE BLVD #133  
INDIAN HARBOUR BEACH, FL 32937

**New Principal Place of Business:**

150 COCONUT DRIVE SUITE 201  
INDIALANTIC, FL 32903

**Current Mailing Address:**

218-A E EAU GALLIE BLVD #133  
INDIAN HARBOUR BEACH, FL 32937

**New Mailing Address:**

150 COCONUT DRIVE SUITE 201  
INDIALANTIC, FL 32903

FEI Number: 45-2201822

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MAHLER, KIMBERLY  
364 INTREPID WAY  
INDIALANTIC, FL 32903 US

**Name and Address of New Registered Agent:**

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: MAHLER, KIMBERLY  
Address: 364 INTREPID WAY  
City-St-Zip: INDIALANTIC, FL 32903

Title: MGRM  
Name: MAHLER, JR., LOWELL  
Address: 364 INTREPID WAY  
City-St-Zip: INDIALANTIC, FL 32903

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: KIMBERLY MAHLER

MGR

04/19/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date