2001	ONIFORM BUS	INE22 KEN	CKI	(AR	R)	·				
DOCUMENT # L99000008599 1. Entity Name						•		e say eyu.	1	
WESTGROUP LAPLAYA, LLC						FILED				
						01 MAY -1 PM 5:18				
Principal Place		Mailing Address		SECRETARY OF STATE TALLAHASSEE, FLORIDA						
•	JUF SHORE DRAVE	570 KIRICLAND WAY KIRKLAND, WA 98033			· • •	IALLAHASSEE, FLORIDA				
DAT CO.	7 FV 72301	for a long - only a	<i>الح. چ</i>	N 100						
2. Principal Plac	ce of Business	3. Mailing Address								
Suite, Apt. #,	etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State		City & State			4. FEI Nun	nber 2015 22:2		Applied For Not Applicable		9
Zip Country		Zip Cour		ntry		ate of Status Desired		\$5.00 Additional		
	6. Name and Address of Current	Registered Agent		_Name	7. Name a	nd Address of New Re	gistered A	gent		
CSC	-		-							
-	HAYS STREET			Street A	Address (P.O. Box Num	nber is Not Acceptable)	· · · · · · · · · · · · · · · · · · ·			
TALLA	AHASSEE, FL 3230	ni-2525								Ì
	,			City			FL	Zip Cod	le	1
8. The above na	med entity submits this statement for	or the purpose of changing i	ts egister	ed office o	ır registered agent, or b	ooth, in the State of Flor	ida.			1
CIONIATURE										
SIGNATURE	nature, typed or printed name of registered agent	and title if applicable. (NO	OTI Registere	d Agent signa	ture required when reinstating)		DATE			_
	•	FILE	ICIWIII.	FEE IS	50.00			. =		1.
		Make Check F	2 1 2 . 20	o Depart	tment of State					}
9.	MANAGING MEMBI	ERS/MEMBERS	10.			ADDITIONS/0	CHANGES			
TITLE .		☐ Delete	TITLE NAM		marm	ı Kas		Change	Addition A	E083 (11/00)
NAME STREET ADDRESS				ET ADDRESS	PASRICK CO	md wat				33 (1
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NAME		☐ Delete _	TITLE	_	Marm PHL BROWN			☐ Change	Addition	
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indicated on	fy that the information supplied with this report is true and accurate accurate and accurate acc	that my signature shall have	rhe same	legal effe	ct as if made under oat	th; that I am a managir				'