

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000021667

**Entity Name:** 140 NORTH WESTMONTE DRIVE, L.L.C.

**Current Principal Place of Business:**

140 NORTH WESTMONTE DRIVE, STE. 100  
ALTAMONTE SPRINGS, FL 32714

**Current Mailing Address:**

140 N. WESTMONTE DR. STE. 100  
ALTAMONTE SPRINGS, FL 32714 US

**FEI Number:** 54-2071642

**Certificate of Status Desired:** No

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

ARIAS, ANTONIO  
140 N. WESTMONTE DR. STE. 100  
ALTAMONTE SPRINGS, FL 32714 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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name ARIAS, ANTONIO  
Address 140 NORTH WESTMONTE DRIVE,  
STE. 100  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title MGR  
Name ARIAS, ANTONIO O  
Address 140 NORTH WESTMONTE DRIVE,  
STE. 100  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title MGR  
Name ARIAS, FRANCISCO  
Address 140 NORTH WESTMONTE DRIVE,  
STE. 100  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title MGR  
Name ARIAS, CARLOS  
Address 140 NORTH WESTMONTE DRIVE,  
STE. 100  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

*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:** ANTONIO ARIAS

MGR

03/23/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date