

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000021667

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

**Current Principal Place of Business:**

1402 EDGEWATER DR  
101  
ORLANDO, FL 32804

**Current Mailing Address:**

1402 EDGEWATER DR  
101  
ORLANDO, FL 32804 US

**FEI Number:** 54-2071642

**Certificate of Status Desired:** No

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

ARIAS, ANTONIO  
1402 EDGEWATER DR  
101  
ORLANDO, FL 32804 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 1402 EDGEWATER DR  
101  
City-State-Zip: ORLANDO FL 32804

Title DIRECTOR  
Name ARIAS, ANTONIO O  
Address 1402 EDGEWATER DR  
101  
City-State-Zip: ORLANDO FL 32804

Title DIRECTOR  
Name ARIAS, FRANCISCO  
Address 1402 EDGEWATER DR  
101  
City-State-Zip: ORLANDO FL 32804

Title DIRECTOR  
Name ARIAS, CARLOS  
Address 1402 EDGEWATER DR  
101  
City-State-Zip: ORLANDO FL 32804

*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**

**04/27/2023**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date