

2014 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

04/14/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date