

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000117152

**Entity Name:** TECTA AMERICA WEST FLORIDA LLC**Current Principal Place of Business:**5429 N. 56TH STREET  
TAMPA, FL 33610**Current Mailing Address:**5429 N. 56TH STREET  
TAMPA, FL 33610 US**FEI Number:** 20-3950076**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 MBR  
Name TECTA AMERICA CORP.  
Address 9450 W BRYN MAWR AVE.  
SUITE 500  
City-State-Zip: ROSEMONT IL 60018

Title PRESIDENT  
Name KIRKPATRICK, NORMAN  
Address 5429 N 56TH STREET  
City-State-Zip: TAMPA FL 33610

Title VP  
Name SANTACROSE, MARK F  
Address 9450 W BRYN MAWR AVE.  
SUITE 500  
City-State-Zip: ROSEMONT IL 60018

Title ASST. SECRETARY  
Name REGINELLI, DAVID R  
Address 9450 W. BRYN MAWR AVE  
SUITE 500  
City-State-Zip: ROSEMONT IL 60018

Title VP  
Name RYAN, MELINDA E  
Address 588 MONROE ROAD  
City-State-Zip: SANFORD FL 32771

Title SECRETARY, TREASURER  
Name DAMIANI, KAREN  
Address 588 MONROE RD.  
City-State-Zip: SANFORD FL 32771

*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:** NORMAN KIRKPATRICK**PRESIDENT****02/02/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date