

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000117152

Entity Name: TECTA AMERICA WEST FLORIDA LLC**Current Principal Place of Business:**5429 56TH STREET N
TAMPA, FL 33610**Current Mailing Address:**5429 56TH STREET N
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 | MGRM |
| Name | TECTA AMERICA CORP. |
| Address | 5215 OLD ORCHARD ROAD SUITE 880 |
| City-State-Zip: | SKOKIE IL 60077 |

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

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|-----------------|------------------------|
| Title | VP |
| Name | KIRKPATRICK, NORMAN |
| Address | 6809 N NEBRASKA AVENUE |
| City-State-Zip: | TAMPA FL 33604 |

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

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|-----------------|------------------|
| Title | VP |
| Name | KLIBER, MICHAEL |
| Address | 588 MONROE ROAD |
| 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: MELISSA CARLISLE**ACCOUNTING MANAGER** 03/17/2016_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date