

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000117152

Entity Name: TECTA AMERICA WEST FLORIDA LLC**Current Principal Place of Business:**6809 N NEBRASKA AVENUE
TAMPA, FL 33604**Current Mailing Address:**6809 N NEBRASKA AVENUE
TAMPA, FL 33604 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

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

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

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: NORMAN KIRKPATRICK**PRESIDENT****03/19/2014**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date