

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000059815

Entity Name: WEST ARMORY LLC

Current Principal Place of Business:

15017 US HWY 301
DADE CITY, FL 33523

Current Mailing Address:

PO BOX 1015
DADE CITY, FL 33526

FEI Number: 82-0811239

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SARSEN, CYNTHIA
2561 SUNNY CREEK DRIVE
FLEMING ISLAND, FL 32003 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 ALBRITTON MANAGEMENT SERVICES LLC
Address PO BOX 1015
City-State-Zip: DADE CITY FL 33526

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: ALBRITTON MANAGEMENT SERVICES LLC

MGR

04/24/2019

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date