

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000380512

**Entity Name:** ARCHITECTURAL SOLUTIONS WEST COAST LLC

**Current Principal Place of Business:**

2504 W CREST AVE  
TAMPA, FL 33614

**Current Mailing Address:**

7500 NW 25TH ST SUITE 254  
DORAL, FL 33122

**FEI Number:** 93-2945777

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ARCHITECTURAL SOLUTIONS LLC  
2504 W CREST AVE  
TAMPA, FL 33614 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            AMBR  
Name            ARAGON, CARLOS M  
Address        7500 NW 25TH ST, SUITE 254  
City-State-Zip: DORAL FL 33122

*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:** CARLOS ARAGON

**PRESIDENT**

**02/20/2024**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date