

**2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M06000004103

**Entity Name:** WESTSHORE CAPITAL GP, LLC

**Current Principal Place of Business:**

400 N. ASHLEY DRIVE  
SUITE 2610  
TAMPA, FL 33602

**Current Mailing Address:**

550 SOUTH DIXIE HIGHWAY  
SUITE 300  
CORAL GABLES, FL 33146

**FEI Number:** 20-5136010

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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 MALIZIA, DAVID J  
Address RIVERGATE TWR, STE 2610; 400 N  
ASHLEY DR  
City-State-Zip: TAMPA FL 33602

Title MGRM  
Name KRUSEN, ANDREW  
Address 712 SOUTH OREGON AVE., SUITE 200  
City-State-Zip: TAMPA FL 33606

Title MGRM  
Name POWELL, EARL W  
Address 550 SOUTH DIXIE HIGHWAY, SUITE  
300  
City-State-Zip: CORAL GABLES FL 33146

Title S  
Name DAVID, GERSHMAN  
Address 550 SOUTH DIXIE HIGHWAY, SUITE  
300  
City-State-Zip: CORAL GABLES FL 33146

*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:** DAVID GERSHMAN

**SECRETARY**

**04/07/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date