

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M12000004353

**Entity Name:** WEST DADE II GP, LLC

**Current Principal Place of Business:**

225 W. WASHINGTON STREET  
INDIANAPOLIS, IN 46207-7033

**Current Mailing Address:**

CORPORATE PARALEGAL  
225 W. WASHINGTON STREET  
INDIANAPOLIS, IN 46207-7033 US

**FEI Number:** 46-0865630

**Certificate of Status Desired:** No

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

CT 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 WEST DADE COUNTY ASSOCIATES  
Address 225 W. WASHINGTON STREET  
City-State-Zip: INDIANAPOLIS IN 46207-7033

*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:** THERESA MCCLURE

**AUTHORIZED REP.**

**04/12/2023**

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

\_\_\_\_\_  
Date