# that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOSEPH M BALOCCO JR Electronic Signature of Signing Authorized Person(s) Detail

## 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000102110

Entity Name: WEST TRADEWINDS DUPLEX, LLC

#### **Current Principal Place of Business:**

4332 E TRADEWINDS AVE LAUDERDALE BY-THE-SEA, FL 33308

#### **Current Mailing Address:**

4332 E TRADEWINDS AVE LAUDERDALE BY-THE-SEA. FL 33308 US

### FEI Number: 86-2617045

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

BALOCCO JR, JOSEPH M 4332 E TRADEWINDS AVE LAUDERDALE BY-THE-SEA, FL 33308 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

#### Authorized Person(s) Detail :

Title	AMBR	Title	AMBR
Name	BALOCCO JR, JOSEPH M	Name	TOMASELLO, LISA M
Address	4332 E TRADEWINDS AVE	Address	4332 E TRADEWINDS AVE
City-State-Zip:	LAUDERDALE BY-THE-SEA FL 33308	City-State-Zip:	LAUDERDALE BY-THE-SEA FL 33308

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

03/07/2024 AUTHORIZED MEMBER

Date

FILED Mar 07, 2024 Secretary of State 5214566895CC

Certificate of Status Desired: No

Date