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DOCUMENT # L01000006096

1. Entity Name

WR LLC

55019663

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
470 Biltmore Way	470 Biltmore Way
(Suite) Apt. #, etc. 100	(Suite) Apt. #, etc. 100
City & State Coral Gables, Fl	City & State Coral Gables, Fl
Zip 33134 Country USA	Zip 33134 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1095302	Applied For / Not Applicable
5. Certificate of Status Desired ☐	$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name FIRPO GARCIA

Street Address (P.O. Box Number is Not Acceptable)
470 Biltmore Way

Suite 100

City Coral Gables   FL   Zip Code 3314

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____   3/7/03

(Printed, typed or copied name of registered agent and title if applicable)   DATE

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9.   MANAGING MEMBERS / MANAGERS

TITLE	Sole Member, Managing Member	TITLE	
NAME	Firpo Garcia	NAME	
STREET ADDRESS	470 Biltmore Way - Suite 100	STREET ADDRESS	
CITY-ST-ZIP	Coral Gables, Fl 33134	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

(305)

SIGNATURE: _____   7/3/03   448-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #

CR2E063B (12/02)