

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000013377

**Entity Name:** WOS ENTERPRISES, LLC

**Current Principal Place of Business:**

5736 WILLARD NORRIS ROAD  
MILTON, FL 32570

**Current Mailing Address:**

P.O. BOX 422  
MILTON, FL 32572

**FEI Number:** 54-2081341

**Certificate of Status Desired:** No

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

SALTER, WILLIAM O  
5736 WILLARD NORRIS ROAD  
MILTON, FL 32570 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 MGR  
Name SALTER, WILLIAM O  
Address 5736 WILLARD NORRIS RD  
City-State-Zip: MILTON FL 32570

*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:** WILLIAM O. SALTER

**MANAGER**

**01/23/2023**

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

\_\_\_\_\_ Date