

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000006984

**FILED**  
**Jan 28, 2020**  
**Secretary of State**  
**1094351379CC**

**Entity Name:** LEMAE OF WPB LLC

**Current Principal Place of Business:**

RAY BURKE C/O CULLARI CARRICO LLC  
55 LANE ROAD SUITE 300  
FAIRFIELD, NJ 07004

**Current Mailing Address:**

652 E. BEVERWYCK PLACE  
PARAMUS, NJ 07652

**FEI Number:** 20-0746106

**Certificate of Status Desired:** No

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

COHN, ALAN B  
GREENSPOON MARDER, P.A.  
200 E. BROWARD BLVD. SUITE 1800  
FORT LAUDERDALE, FL 33301 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                | Title           | MGR                  |
| Name            | ASTMANN, HELEN     | Name            | AMENT, NORMAN        |
| Address         | 652 EAST BEVERWYCK | Address         | 21 BIRCHWOOD DRIVE   |
| City-State-Zip: | PARAMUS NJ 07652   | City-State-Zip: | GREAT RIVER NY 11739 |

*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:** HELEN ASTMANN

**MGR**

**01/28/2020**

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

\_\_\_\_\_  
Date