

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000037311

**FILED**  
**Jan 16, 2017**  
**Secretary of State**  
**CC8217561268**

**Entity Name:** W.L.P.1 LLC

**Current Principal Place of Business:**

31629 LONG ACRES DRIVE  
SUITE 1  
SORRENTO, FL 32776

**Current Mailing Address:**

PO BOX 1449  
SORRENTO, FL 32776

**FEI Number:** 54-2158561

**Certificate of Status Desired:** No

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

KEIKES, WILLIAM III  
31242 SOARING HAWK LANE  
SORRENTO, FL 32776 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	MR	Title	TREASURER
Name	KEIKES, WILLIAM III	Name	KEIKES, JOANNE L
Address	31242 SOARING HAWK LANE	Address	PO BOX 1449
City-State-Zip:	SORRENTO FL 32776	City-State-Zip:	SORRENTO FL 32776

*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:** JOANNE L KEIKES

**TREASURER**

**01/16/2017**

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

\_\_\_\_\_  
Date