## 2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000037311

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

FILED Feb 01, 2016

**Secretary of State** 

CC3109005534

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.

Electronic Signature of Signing Authorized Person(s) Detail

SIGNATURE: JOANNE L KEIKES

TREASURER 02/01/2016

Date