2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000058716

Entity Name: WIDERMAN MALEK, PL

Current Principal Place of Business: 1990 W. NEW HAVEN AVENUE

201

MELBOURNE, FL 32904

Current Mailing Address:

1990 W. NEW HAVEN AVENUE

MELBOURNE, FL 32904 US

FEI Number: 20-1867767 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WIDERMAN MALEK, PL 1990 W. NEW HAVEN AVENUE 201

MELBOURNE, FL 32904 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: MARK R. MALEK 01/23/2024

> Date Electronic Signature of Registered Agent

Authorized Person(s) Detail:

Title **AMBR** Title **AMBR**

Name WIDERMAN, SCOTT D Name MALEK, MARK R

1990 W. NEW HAVEN AVENUE 1990 W. NEW HAVEN AVENUE Address Address

City-State-Zip: MELBOURNE FL 32904 City-State-Zip: MELBOURNE FL 32904

Title **AMBR** Title AMBR

Name WARZECHA, MARK F Name IPPOLITI, JAMES A

Address 1990 W. NEW HAVEN AVENUE Address **506 CELEBRATION AVENUE**

City-State-Zip: CELEBRATION FL 34747 City-State-Zip: MELBOURNE FL 32904

Title **AMBR** Title AMBR

Name SCOTT, DIXON C SWARTZ, KELLY G Name

Address 1990 W. NEW HAVEN AVENUE Address

1990 W. NEW HAVEN AVENUE

City-State-Zip:

City-State-Zip: MELBOURNE FL 32904

Title **AMBR** Title **AMBR**

WILLIAMS IV, J. MASON Name Name PIERRON, DANIEL C

Address 1990 W. NEW HAVEN AVENUE Address 201

1990 W. NEW HAVEN AVENUE 201

MELBOURNE FL 32904 City-State-Zip: City-State-Zip: MELBOURNE FL 32904

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MELBOURNE FL 32904

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.

01/23/2024 SIGNATURE: SCOTT WIDERMAN **AMBR**

Electronic Signature of Signing Authorized Person(s) Detail

Date

FILED Jan 23, 2024

Secretary of State

4771900967CC

Authorized Person(s) Detail Continued:

Title AMBR

Name FRAZIER, JOHN M.

Address 1990 W. NEW HAVEN AVE.

201

City-State-Zip: MELBOURNE FL 32904