

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000036748

Entity Name: WADY DEVELOPMENT LLC**Current Principal Place of Business:**12439 PERKINS ROAD
SOUTHPORT, FL 32409**Current Mailing Address:**1206 MAINE AVENUE
LYNN HAVEN, FL 32444 US**FEI Number:** 20-2673023**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PARIS, BRENDA
12439 PERKINS ROAD
SOUTHPORT, FL 32409 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 | MGRM |
| Name | PARIS, BRENDA |
| Address | 12439 PERKINS ROAD |
| City-State-Zip: | SOUTHPORT FL 32409 |

| | |
|-----------------|--------------------|
| Title | MGR |
| Name | PARIS, RALPH L |
| Address | 12439 PERKINS ROAD |
| City-State-Zip: | SOUTHPORT FL 32409 |

| | |
|-----------------|---------------------|
| Title | MGR |
| Name | DANIELS, JACK |
| Address | 1206 MAINE AVENUE |
| City-State-Zip: | LYNN HAVEN FL 32444 |

| | |
|-----------------|---------------------|
| Title | MGR |
| Name | DANIELS, VICKIE |
| Address | 1206 MAINE AVENUE |
| City-State-Zip: | LYNN HAVEN FL 32444 |

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: VICKIE DANIELS

MGR

04/15/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date