

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000119883

**Entity Name:** 414 & 418, LLC**Current Principal Place of Business:**710 N.E. 17TH PLACE  
OCALA, FL 34470-3603**Current Mailing Address:**710 N.E. 17TH PLACE  
OCALA, FL 34470-3603 US**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WYNN, GERRI L  
710 N.E. 17TH PLACE  
OCALA, FL 34470-3603 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:** GERRI L WYNN

04/29/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

|                 |                     |                 |                     |
|-----------------|---------------------|-----------------|---------------------|
| Title           | MGR                 | Title           | AUTHORIZED MEMBER   |
| Name            | WWH RENTALS, LLC    | Name            | WYNN, GERRI LYNN    |
| Address         | 710 N.E. 17TH PLACE | Address         | 710 N.E. 17TH PLACE |
| City-State-Zip: | OCALA FL 34470-3603 | City-State-Zip: | OCALA FL 34470-3603 |

|                 |                         |
|-----------------|-------------------------|
| Title           | AUTHORIZED MEMBER       |
| Name            | HUMPHRIES, DYLAN WESLEY |
| Address         | 710 N.E. 17TH PLACE     |
| City-State-Zip: | OCALA FL 34470-3603     |

*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:** DYLAN WESLEY HUMPHRIES

AUTHORIZED MEMBER

04/29/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date