

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000036561

**Entity Name:** THE WHITE WHALE INVESTMENTS, LLC

**Current Principal Place of Business:**

6851 SW 45TH ST  
DAVIE, FL 33314

**Current Mailing Address:**

6851 SW 45 ST  
DAVIE, FL 33314 US

**FEI Number:** 20-4695564

**Certificate of Status Desired:** Yes

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

WHALEN, TRACI  
6851 SW 45 ST  
DAVIE, FL 33314 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 WHALEN, TRACI-ANNE  
Address 3030 SOUTHWEST 19TH STREET  
City-State-Zip: FORT LAUDERDALE FL 33312

Title MGRM  
Name WHALEN, JAMES M  
Address 3030 SOUTHWEST 19TH STREET  
City-State-Zip: FORT LAUDERDALE FL 33312

Title MGRM  
Name LEBLANC, PAUL L  
Address 6851 SW 45TH STREET  
City-State-Zip: FORT LAUDERDALE FL 33314

Title MGRM  
Name LEBLANC, ADRIENNE T  
Address 6851 SW 45TH STREET  
City-State-Zip: FORT LAUDERDALE FL 33314

*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:** TRACI-ANNE WHALEN

MGR

01/06/2021

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

\_\_\_\_\_  
Date