

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000029937

**Entity Name:** WAGSKE, LLC

**Current Principal Place of Business:**

106 WYCLIFF CT  
SLIDELL, LA 70461

**Current Mailing Address:**

106 WYCLIFF CT  
SLIDELL, LA 70461 US

**FEI Number:** 20-8674953

**Certificate of Status Desired:** No

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

BERAULT, STEPHANIE H  
1350 FT PICKENS RD #29  
PENSACOLA BEACH, FL 32561 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 BERAULT, GREG  
Address 106 WYCLIFF CT  
City-State-Zip: SLIDELL LA 70461

Title MGRM  
Name BERAULT, WARREN  
Address 315 QUILL COURT  
City-State-Zip: SLIDELL LA 70461

Title MGRM  
Name BERAULT, KATHY  
Address 315 QUILL COURT  
City-State-Zip: SLIDELL LA 70461

Title MGRM  
Name IRMSCHER, ALICIA  
Address 605 DOCKSIDE DRIVE  
City-State-Zip: SLIDELL LA 70461

Title MGRM  
Name IRMSCHER, ERIC  
Address 605 DOCKSIDE DRIVE  
City-State-Zip: SLIDELL LA 70461

Title MGRM  
Name BERAULT, STEPHANIE  
Address 106 WYCLIFF CT  
City-State-Zip: SLIDELL LA 70461

*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:** STEPHANIE BERAULT

**PRESIDENT / CEO**

**03/02/2017**

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

\_\_\_\_\_  
Date