

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000094752

**Entity Name:** W2S, L.L.C.

**Current Principal Place of Business:**

226 S. COURTENAY PKWY.  
MERRITT ISLAND, FL 32953

**Current Mailing Address:**

226 S. COURTENAY PKWY.  
MERRITT ISLAND, FL 32953

**FEI Number:** 26-1083900

**Certificate of Status Desired:** No

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

MONTALVO, WILSON  
174 GRANT ROAD  
MERRITT ISLAND, FL 32953 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 MONTALVO, WILSON  
Address 174 GRANT ROAD  
City-State-Zip: MERRITT ISLAND FL 32953

Title MGRM  
Name WHITE, STEPHEN  
Address 750 MERRIMANS LANE  
City-State-Zip: WINCHESTER VA 22601

Title MGRM  
Name WHITE, WILLIS  
Address 760 MERRIMANS LANE  
City-State-Zip: WINCHESTER VA 22601

*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:** WILSON MONTALVO

**MANAGING MEMBER**

**04/29/2019**

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

\_\_\_\_\_  
Date