2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000029094

Entity Name: WCG III, P.L.

Current Principal Place of Business:

3001 EXECUTIVE DR

STE 130

CLEARWATER, FL 33762

Current Mailing Address:

3001 EXECUTIVE DR

STE 130

CLEARWATER, FL 33762 US

FEI Number: 27-2146552 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

GLAMOUR, TEJINDER 3001 EXECUTIVE DR.

STE 130

CLEARWATER, FL 33762 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: TEJINDER GLAMOUR 05/14/2020

Electronic Signature of Registered Agent Date

Authorized Person(s) Detail:

Title MGRM Title MGRM

NameGLAMOUR, TEJINDERNameCHOUDHRY, UMESHAddress6225 66TH STREET NORTHAddress920 S. MYRTLE AVE

City-State-Zip: PINELLAS PARK FL 33781

City-State-Zip: CLEARWATER FL 33756

Title MGRM

Name BORISLOW, DAVID S

Address 508 JEFFORDS ST. STE. D Address 1831 N. BELCHER RD

_. D

City-State-Zip: CLEARWATER FL 33756

City-State-Zip: CLEARWATER FL 33765

Title MGRM

 Name
 WHARTON, ROBERT H
 Name
 BAJWA, NEIL

 Address
 4588 1ST AVE. N
 Address
 6225 66TH ST N

City-State-Zip: ST. PETERSBURG FL 33781 City-State-Zip: PINELLAS PARK FL 33781

Title MGRM Title CEO

Name DEGALA, GOURISANKAR DR. Name SALYANI, SEENA

Address 920 S. MYRTLE AVE STE, A Address 3001 EXECUTIVE DR

STE 130

City-State-Zip: CLEARWATER FL 33756 City-State-Zip: CLEARWATER FL 33762

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: TEJINDER GLAMOUR

REGISTERED AGENT

STE. A

05/14/2020

FILED May 14, 2020

Secretary of State

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