

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000024676

Entity Name: WI-TS05, LLC

Current Principal Place of Business:

2875 NE 191ST STREET
SUITE #404
AVENTURA, FL 33180

Current Mailing Address:

2875 NE 191ST STREET
SUITE #404
AVENTURA, FL 33180

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SCHIFFMAN, ADAM RESQUIRE
2875 NE 191ST STREET
SUITE #404
AVENTURA, FL 33180 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 JETTER, MARTIN
Address 2875 NE 191ST STREET, SUITE #404
City-State-Zip: AVENTURA FL 33180

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: MARTIN JETTER

MANAGER

02/22/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date