

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000021330

**Entity Name:** WSMS, LLC**Current Principal Place of Business:**6965 PIAZZA GRANDE AVE.,  
UNIT 311  
ORLANDO, FL 32835**Current Mailing Address:**6965 PIAZZA GRANDE AVE.,  
UNIT 311  
ORLANDO, FL 32835 US**FEI Number:** 45-4610152**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LARSON ACCOUNTING AND CONSULTING SERVICES LLC  
8615 COMMODITY CIR STE 6  
ORLANDO, FL 32819 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:** CAROLINE LARSON

03/15/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MANAGER
Name	SACCA, WALTER
Address	8100 LAKE SERENE DRIVE
City-State-Zip:	ORLANDO FL 32836

Title	MANAGER
Name	GAETA SACCA, MILZEM
Address	8100 LAKE SERENE DRIVE
City-State-Zip:	ORLANDO FL 32836

Title	MANAGER
Name	GAROFALO, VICTOR
Address	8100 LAKE SERENE DRIVE
City-State-Zip:	ORLANDO FL 32836

Title	AUTHORIZED MEMBER
Name	AFAM EMPREENDIMENTOS E NEGÓCIOS COMERCIAIS LTDA
Address	RUA HOWARD ARCHIBALD ACHESON JUNIOR, 55 BLOCO B, 1 ANDAR JARDIM DA GLÓRIA
City-State-Zip:	COTIA SAO PAULO 06711-280

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:** WALTER SACCA

MANAGER

03/15/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date