2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000091568

Entity Name: WIBICH, LLC

Current Principal Place of Business:

C/O ELIEZER PANELL, ESQ., CPA, CFP(R), LL.M 8750 NW 36 ST SUITE 425 DORAL, FL 33178

Current Mailing Address:

C/O ELIEZER PANELL, ESQ., CPA, CFP(R), LL.M 8750 NW 36 ST SUITE 425 DORAL, FL 33178 US

FEI Number: 46-1162913

Name and Address of Current Registered Agent:

WERMUTH PANELL & ORTIZ, PLLC C/O ELI PANELL, ESQ., CPA, CFP(R), LL.M 8750 NW 36TH STREET SUITE 425 DORAL, FL 33178 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:	MARIA CANDELARIA BARRERA			03/23/2018
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	AMBR	Title	AMBR	
Name	RIVERA, MARGARITA B	Name	ERCOLESSI, GUILLERMO J	
Address	8750 NW 36 ST, SUITE 425	Address	8750 NW 36 ST, SUITE 425	
City-State-Zip:	DORAL FL 33178	City-State-Zip:	DORAL FL 33178	
Title	AMBR	Title	AMBR	
Name	ERCOLESSI, MARIA F	Name	ERCOLESSI, SEBASTIAN	
Address	8750 NW 36 ST, SUITE 425	Address	8750 NW 36 ST, SUITE 425	
City-State-Zip:	DORAL FL 33178	City-State-Zip:	DORAL FL 33178	
Title	AMBR	Title	AMBR	
Name	ERCOLESSI, LUCIA B	Name	ERCOLESSI, MARGARITA	
Address	8750 NW 36 ST, SUITE 425	Address	8750 NW 36 ST, SUITE 425	
City-State-Zip:	DORAL FL 33178	City-State-Zip:	DORAL FL 33178	
Title	AMBR			
Name	ERCOLESSI, MATIAS			
Address	8750 NW 36 ST, SUITE 425			
City-State-Zip:	DORAL FL 33178			

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.

AMBR

SIGNATURE: MATIAS ERCOLESSI

Electronic Signature of Signing Authorized Person(s) Detail

Certificate of Status Desired: No

03/23/2018 Date