

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000091568

**Entity Name:** WIBICH, LLC

**FILED**  
**Jun 29, 2020**  
**Secretary of State**  
**6808733261CC**

**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

**Certificate of Status Desired:** No

**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:** ELIEZER PANELL ESQ. CPA, CFP(R), LL.M

06/29/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name RIVERA, MARGARITA B  
Address 8750 NW 36 ST, SUITE 425  
City-State-Zip: DORAL FL 33178

Title AMBR  
Name ERCOLESSI, GUILLERMO J  
Address 8750 NW 36 ST, SUITE 425  
City-State-Zip: DORAL FL 33178

Title AMBR  
Name ERCOLESSI, MARIA F  
Address 8750 NW 36 ST, SUITE 425  
City-State-Zip: DORAL FL 33178

Title AMBR  
Name ERCOLESSI, SEBASTIAN  
Address 8750 NW 36 ST, SUITE 425  
City-State-Zip: DORAL FL 33178

Title AMBR  
Name ERCOLESSI, LUCIA B  
Address 8750 NW 36 ST, SUITE 425  
City-State-Zip: DORAL FL 33178

Title AMBR  
Name ERCOLESSI, MARGARITA  
Address 8750 NW 36 ST, SUITE 425  
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.*

**SIGNATURE:** MATIAS ERCOLESSI

AMBR

06/29/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date