

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000101157

**Entity Name:** WINFLUENCE LLC

**Current Principal Place of Business:**

4 SEWANEE CIRCLE  
PANAMA CITY, FL 32405

**Current Mailing Address:**

4 SEWANEE CIRCLE  
PANAMA CITY, FL 32405

**FEI Number:** 32-0385207

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

UNGER, ILONA P  
4 SEWANEE CIRCLE  
PANAMA CITY, FL 32405 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	MGR	Title	AUTHORIZED REPRESENTATIVE
Name	UNGER, ILONA P	Name	UNGER, JONATHAN T
Address	4 SEWANEE CIRCLE	Address	11424 JOHNSTONE DR
City-State-Zip:	PANAMA CITY FL 32405	City-State-Zip:	PENSACOLA FL 32534
Title	AUTHORIZED MEMBER		
Name	UNGER, ERIK ALBERT		
Address	4 SEWANEE CIRCLE		
City-State-Zip:	PANAMA CITY FL 32405		

*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:** ERIK UNGER

MEMBER

04/03/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date