

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000140171

Entity Name: WAAKANOPY LLC

Current Principal Place of Business:

30290 JOSIE BILLIE HWY PMB 300
CLEWISTON, FL 33440

Current Mailing Address:

30290 JOSIE BILLIE HWY PMB 300
CLEWISTON, FL 33440 US

FEI Number: 46-1340373

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BRYANT, THOMAS J
4940 SOUTHFORK DR
LAKELAND, FL 33813 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 FRANK, JOE
Address 30290 JOSIE BILLIE HWY PMB 300
City-State-Zip: CLEWISTON FL 33440

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: FRANK, JOE

MGRM

03/25/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date