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

Electronic Signature of Signing Authorized Person(s) Detail

that my name appears above, or on an attachment with all other like empowered.

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000121515

Entity Name: WH1778STATEAVE, LLC

Current Principal Place of Business:

124 N NOVA ROAD #125 ORMOND BEACH, FL 32174

Current Mailing Address:

124 N NOVA ROAD #125 ORMOND BEACH, FL 32174 US

FEI Number: NOT APPLICABLE

Name and Address of Current Registered Agent:

BELL, KIMBERLY B 124 N NOVA ROAD #125 ORMOND BEACH, FL 32174 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	KIMBERLY B BELL			04/21/2015
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	MGRM	Title	MGRM	
Name	BELL, KIMBERLY B	Name	BELL, ERIC P	
Address	124 N NOVA ROAD, #125	Address	124 N NOVA ROAD	
City-State-Zip:	ORMOND BEACH FL 32174	City-State-Zip:	#125 ORMOND BEACH FL 32174	

04/21/2015 SIGNATURE: KIMBERLY B BELL MGRM

FILED Apr 21, 2015 Secretary of State CC1114296123

Certificate of Status Desired: No

Date