| POMPANO BE | ACH, FL 33069 | | | | |
|--|---|-------------------------------|---|----------------------|--|
| Current Ma | iling Address: | | | | |
| 2059 BLOU POMPANO | NT RD BEACH, FL 33069 | | | | |
| FEI Number: 46-4281361 Certificate of Stat | | | Certificate of Status Des | us Desired: No | |
| Name and / | Address of Current Registered Agent: | | | | |
| HILDWEIN, JO 2059 BLOUNT | | | | | |
| POMPANO BE | ACH, FL 33069 US | | | | |
| | ACH, FL 33069 US | ts registered office or regis | tered agent, or both, in the State of Flo | orida. | |
| The above name | | ts registered office or regis | tered agent, or both, in the State of Flo | orida. 04/20/2022 | |
| The above name | d entity submits this statement for the purpose of changing i | ts registered office or regis | tered agent, or both, in the State of Flo | | |
| The above name SIGNATURI | ed entity submits this statement for the purpose of changing i E: JOHN HILDWEIN | ts registered office or regis | tered agent, or both, in the State of Flo | 04/20/2022 | |
| The above name SIGNATURI | ed entity submits this statement for the purpose of changing i E: JOHN HILDWEIN Electronic Signature of Registered Agent | ts registered office or regis | tered agent, or both, in the State of Flo | 04/20/2022 | |
| The above name SIGNATURI Authorized | ed entity submits this statement for the purpose of changing i E: JOHN HILDWEIN Electronic Signature of Registered Agent Person(s) Detail : | · · · | | 04/20/2022 | |
| The above name SIGNATURI Authorized Title | ed entity submits this statement for the purpose of changing in E: JOHN HILDWEIN Electronic Signature of Registered Agent Person(s) Detail : MGRM | Title | MGRM | 04/20/2022 | |

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: MIKE LINDER

RA

04/20/2022

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000170984

Entity Name: WAD INVESTMENTS LLC

Current Principal Place of Business:

2059 BLOUNT RD

Apr 20, 2022 Secretary of State 0857199423CC

FILED

Electronic Signature of Signing Authorized Person(s) Detail