

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000066259

**Entity Name:** TRANSITION WHALE, LLC

**Current Principal Place of Business:**

4380 OAKES ROAD  
SUITE 802  
DAVIE, FL 33314

**Current Mailing Address:**

4380 OAKES ROAD  
SUITE 802  
DAVIE, FL 33314

**FEI Number:** 46-5467890

**Certificate of Status Desired:** No

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

LOPEZ, DAVID A  
5742 SW 130 AVENUE  
SW RANCHES, FL 33330 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 MBR  
Name LOPEZ, DAVID  
Address 4380 OAKES ROAD #802  
City-State-Zip: DAVIE FL 33314

Title MBR  
Name TRALONGO, KEN  
Address 4380 OAKES ROAD #802  
City-State-Zip: DAVIE FL 33314

Title MBR  
Name WINGFIELD, STEVE  
Address 4380 OAKES ROAD #802  
City-State-Zip: DAVIE FL 33314

*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:** DAVID LOPEZ

**MBR**

**04/30/2017**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date