

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000082361

**FILED  
Mar 11, 2022  
Secretary of State  
2749732302CC**

**Entity Name:** WELLER BUILDING GROUP LLC

**Current Principal Place of Business:**

1821 S. ORANGE BLOSSOM TRAIL  
APOPKA, FL 32703

**Current Mailing Address:**

1821 S. ORANGE BLOSSOM TRAIL  
APOPKA, FL 32703 US

**FEI Number:** 20-1749040

**Certificate of Status Desired:** No

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

WELLER POOLS LLC  
1821 S. ORANGE BLOSSOM TRAIL  
APOPKA, FL 32703 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 WELLER POOLS LLC  
Address 1821 S ORANGE BLOSSOM TRAIL  
City-State-Zip: APOPKA FL 32703

Title CEO  
Name CHRISTOPHER, RUDASILL  
Address 1821 S ORANGE BLOSSOM TRAIL  
City-State-Zip: APOPKA FL 32703

Title PRES  
Name JOHN, TUHELA  
Address 1821 S ORANGE BLOSSOM TRAIL  
City-State-Zip: APOPKA FL 32703

Title CFO  
Name ROBERT, BOWER  
Address 1821 S ORANGE BLOSSOM TRAIL  
City-State-Zip: APOPKA FL 32703

Title VP, OPERATIONS  
Name SIMMONS, DANIEL  
Address 1821 S. ORANGE BLOSSOM TRAIL  
City-State-Zip: APOPKA FL 32703

Title VP  
Name LAUGHERY, SHAUN B  
Address 1821 S. ORANGE BLOSSOM TRAIL  
City-State-Zip: APOPKA FL 32703

*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:** ROBERT BOWER

**CFO**

**03/11/2022**

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

\_\_\_\_\_  
Date