

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000103419

**Entity Name:** WYDEN LLC

**Current Principal Place of Business:**

210 N SAINT CLOUD AVE  
VALRICO, FL 33594

**Current Mailing Address:**

PO BOX 1356  
VALRICO, FL 33595 US

**FEI Number:** 35-2510765

**Certificate of Status Desired:** No

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

RUSSELL, MATTHEW I  
210 N SAINT CLOUD AVE  
VALRICO, FL 33594 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	MGR	Title	AP
Name	RUSSELL, MATTHEW I	Name	RUSSELL, TRICIA M
Address	PO BOX 1356	Address	PO BOX 1356
City-State-Zip:	VALRICO FL 33595	City-State-Zip:	VALRICO FL 33595

*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:** MATTHEW I RUSSELL

**MGR**

**02/20/2024**

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

\_\_\_\_\_  
Date