

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000053271

**Entity Name:** 11461 WELLFLEET DR. LLC

**Current Principal Place of Business:**

345 BEAUMONT RD  
DEVON, PA 19333-1713

**Current Mailing Address:**

P.O. BOX 918  
DEVON, PA 19333 US

**FEI Number:** 81-1905019

**Certificate of Status Desired:** No

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

MONROE, W. BRADLEY  
239 E. VIRGINIA STREET  
TALLAHASSEE, FL 32301 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:** W. BRADLEY MONROE

04/30/2022

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MANAGER	Title	MANAGER
Name	SALAMONE, PAUL JOSEPH	Name	SALAMONE, LISA S.
Address	P.O. BOX 918	Address	345 BEAUMONT RD
City-State-Zip:	DEVON PA 19333	City-State-Zip:	DEVON PA 19333-1713

*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:** LISA S SALAMONE

MGR

04/30/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date