

2017 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L16000100634

Entity Name: WRMCABNS, LLC

Current Principal Place of Business:

13421 SOUTH SHORE BOULEVARD
SUITE 101
WELLINGTON, FL 33414

FILED
Jun 05, 2017
Secretary of State
CC4824843717

Current Mailing Address:

1001 3RD AVENUE WEST
SUITE 190
BRADENTON, FL 34205 US

FEI Number: 81-2890752

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS 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:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MANAGER
Name LEE, ROBBIN
Address 10101 FOREST HILL BOULEVARD
City-State-Zip: WEST PALM BEACH FL 33414

Title MANAGER
Name TAHAN, PAM
Address 10101 FOREST HILL BOULEVARD
City-State-Zip: WEST PALM BEACH FL 33414

Title MANAGER
Name LOPEZ, FRANK
Address 367 SOUTH GULPH ROAD
City-State-Zip: KING OF PRUSSIA PA 19406

Title MANAGER
Name BROMBERG, ADAM
Address 10101 FOREST HILL BOULEVARD
City-State-Zip: WEST PALM BEACH FL 33414

Title MANAGER
Name SAMA, NICHOLAS
Address 10101 FOREST HILL BOULEVARD
City-State-Zip: WEST PALM BEACH FL 33414

Title DIRECTOR
Name PEMBER, MARVIN
Address 367 SOUTH GULPH ROAD
City-State-Zip: KING OF PRUSSIA PA 19406

Title DIRECTOR, PRESIDENT
Name FILTON, STEVE
Address 367 SOUTH GULPH ROAD
City-State-Zip: KING OF PRUSSIA PA 19406

Title DIRECTOR, SECRETARY
Name KLEIN, MATTHEW
Address 367 SOUTH GULPH ROAD
City-State-Zip: KING OF PRUSSIA PA 19406

Continues on page 2

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: STEVE FILTON

PRESIDENT

06/05/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title VP
Name JOHANNESSEN , JOHN
Address 367 SOUTH GULPH ROAD
City-State-Zip: KING OF PRUSSIA PA 19406

Title ASSISTANT TREASURER
Name ZURAD, ROBERT
Address 367 SOUTH GULPH ROAD
City-State-Zip: KING OF PRUSSIA PA 19406

Title TREASURER
Name RAMAGANO, CHERYL
Address 367 SOUTH GULPH ROAD
City-State-Zip: KING OF PRUSSIA PA 19406