## 2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000027874

Entity Name: WHOLE WOOD CABINS LLC

**Current Principal Place of Business:** 

36750 U.S. HWY 19 N #4-2269

PALM HARBOR, FL 34684

**Current Mailing Address:** 

36750 U.S. HWY 19 N

#4-2269

PALM HARBOR, FL 34684 US

FEI Number: 36-4861656 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

LEGALINC CORPORATE SERVICES, INC. 5237 SUMMERLIN COMMONS SUITE 400 FORT MYERS, FL 33907 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

FILED Jan 17, 2020

**Secretary of State** 

7817839568CC

## Authorized Person(s) Detail:

Title AMBR

Name VENDLA, JAAN

Address 36750 U.S. HWY 19 N #4-2269 City-State-Zip: PALM HARBOR FL 34684

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.