

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000072736

**Entity Name:** WRB-GROUP LLC

**Current Principal Place of Business:**

847 CURA COURT  
OAKLAND, FL 34787

**Current Mailing Address:**

P.O. BOX 121  
OAKLAND, FL 34760 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

BRIGGS, WALTER R  
847 CURA COURT  
OAKLAND, FL 34787 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 AMBR  
Name STEIN, WILL  
Address 414 12TH AVENUE NE  
City-State-Zip: LONSDALE MN 55046

Title AMBR  
Name FOSTER, CYNTHIA L  
Address 847 CURA COURT  
City-State-Zip: OAKLAND FL 34787

*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:** CYNTHIA FOSTER

02/19/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date