

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000199658

**Entity Name:** WPPI FOUNTAINHEAD, LLC

**Current Principal Place of Business:**

153 SEVILLA AVE  
CORAL GABLES, FL 33134

**Current Mailing Address:**

PO BOX 140668  
CORAL GABLES, FL 33114-0668

**FEI Number:** 82-3278279

**Certificate of Status Desired:** No

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

M.J.F. REGISTERED AGENT CORP.  
153 SEVILLA AVE  
CORAL GABLES, FL 33134 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  
Name WMB CORP  
Address 9800 CONNECTICUT DRIVE  
SUITE A1-100  
City-State-Zip: CROWN POINT IN 46307

*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:** WMB CORP

MGR

02/01/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date