

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000219387

**Entity Name:** W-FIVE, L.L.C.

**Current Principal Place of Business:**

4401 GULF SHORE BLVD NORTH UNIT 1504  
NAPLES, FL 34103-3455

**Current Mailing Address:**

4401 GULF SHORE BLVD NORTH UNIT 1504  
NAPLES, FL 34103 US

**FEI Number:** 20-0988570

**Certificate of Status Desired:** No

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

WIELKOPOLSKI, THEODORE  
4401 GULF SHORE BLVD NORTH UNIT 1504  
NAPLES, FL 34103 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           WIELKOPOLSKI, KATHLEEN  
Address        4401 GULF SHORE BLVD NORTH UNIT  
                  1504  
City-State-Zip: NAPLES FL 34103

*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:** KATHLEEN WIELKOPOLSKI

**MANAGING MEMBER**

**02/28/2023**

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date