

2019 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

MANAGER

04/17/2019

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date