## 2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000219387

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

**FILED** Feb 03, 2021 **Secretary of State** 1379603875CC

# **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

4401 GULF SHORE BLVD NORTH UNIT Address

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

Electronic Signature of Signing Authorized Person(s) Detail

**MANAGER** 

02/03/2021

Date