

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000105601

Entity Name: WHISPERWOOD GROUP, LLC

Current Principal Place of Business:

18 BRISTOL VIEW DRIVE
FAIRPORT, NY 14450

Current Mailing Address:

18 BRISTOL VIEW DRIVE
FAIRPORT, NY 14450 US

FEI Number: 82-5439221

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SCHOFIELD & SPENCER, P.A.
1429 60TH AVENUE WEST
SUITE 300
BRADENTON, FL 34207 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 | HAMED, CHERIE |
| Address | 18 BRISTOL VIEW DRIVE |
| City-State-Zip: | FAIRPORT NY 14450 |
| Title | AMBR |
| Name | HAMED, VICTORIA |
| Address | 1930 COLUMBIA ROAD NW #602 |
| City-State-Zip: | WASHINGTON DC 20009 |

| | |
|-----------------|------------------------------|
| Title | AMBR |
| Name | HAMED, THOMAS |
| Address | 2633 ADAMS MILL ROAD NW #405 |
| City-State-Zip: | WASHINGTON DC 20009 |
| Title | AMBR |
| Name | HAMED, BRADY |
| Address | 210 EAST BROADWAY #H1503 |
| City-State-Zip: | NEW YORK NY 10002 |

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: CHERIE A HAMED

MANAGER

03/27/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date