

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000007157

**Entity Name:** WEALTH INCOME TAX LLC

**Current Principal Place of Business:**

1351 NE MIAMI GARDENS DR  
625  
NORTH MIAMI BEACH, FL 33179

**Current Mailing Address:**

1351 NE MIAMI GARDENS DR  
625  
NORTH MIAMI BEACH, FL 33179 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

VERGARA, ANDRU  
1351 NE MIAMI GARDENS DR  
625  
NORTH MIAMI BEACH, FL 33179 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 VERGARA, ANDRU  
Address 1351 NE MIAMI GARDENS DR #625  
City-State-Zip: NORTH MIAMI BEACH FL 33179

Title D  
Name PEREA, JONATHAN  
Address 4863 NW 95TH AVE  
City-State-Zip: SUNRISE FL 33351

Title D  
Name VERGARA, ANDRU  
Address 1351 NE MIAMI GARDENS DR #625  
City-State-Zip: NORTH MIAMI BEACH FL 33179

*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:** ANDRU VERGARA

**MANAGING MEMBER**

**06/01/2020**

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

\_\_\_\_\_  
Date