

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000273221

Entity Name: WFCW PROPCO RATTLESNAKE LLC**Current Principal Place of Business:**222 E. 5TH ST.
TUCSON, AZ 85705**Current Mailing Address:**222 E. 5TH ST.
TUCSON, AZ 85705 US**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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 ASSISTANT SECRETARY
Name GRAHAM-BERGIN, ANNE
Address 222 E. 5TH ST.
City-State-Zip: TUCSON AZ 85705

Title VP
Name LINDSAY, CASEY
Address 222 E. 5TH ST.
City-State-Zip: TUCSON AZ 85705

Title MANAGER, TREASURER
Name GOLD, JEDIDIAH
Address 222 E. 5TH ST.
City-State-Zip: TUCSON AZ 85705

Title MANAGER, PRESIDENT
Name LAI, JOHN L.
Address 222 E. 5TH ST.
City-State-Zip: TUCSON AZ 85705

Title SECRETARY
Name BOSSARD FUNK, LISA
Address 222 E. 5TH ST.
City-State-Zip: TUCSON AZ 85705

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: LISA BOSSARD FUNK**SECRETARY****04/21/2022**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date