

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000288642

**Entity Name:** WDSQUARED LLC**Current Principal Place of Business:**7 NW 26TH ST  
GAINESVILLE, FL 32607**Current Mailing Address:**1710 NW 23RD ST  
GAINESVILLE, FL 32605**FEI Number:** 84-3739105**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DELANEY, ALLEN G  
1710 NW 23RD ST  
GAINESVILLE, FL 32605 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	BRTUCE D DELANEY, TRUSTEE, BDD REVOCABLE TRUST
Address	1710 NW 23RD ST
City-State-Zip:	GAINESVILLE FL 32605

Title	MGR
Name	ALLEN G DELANEY, TRUSTEE, AGD REVOCABLE TRUST
Address	2603 NW 13TH ST BOX 136
City-State-Zip:	GAINESVILLE FL 32609

Title	MGR
Name	RICHARD WALLMAN, TRUSTEE, WALLMAN FAMILY TRUST
Address	444 SYLVIA ST
City-State-Zip:	ENCINITAS CA 92024

*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:** ALLEN G DELANEY

MGMBR

03/19/2020

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