

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000059607

**Entity Name:** WOFFICE LLC

**Current Principal Place of Business:**

2450 W. SAMPLE ROAD  
#12  
POMPANO BEACH, FL 33073

**Current Mailing Address:**

2450 W. SAMPLE ROAD  
#12  
POMPANO BEACH, FL 33073 US

**FEI Number:** 84-4868154

**Certificate of Status Desired:** No

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

SOARES, LUCIANO S.  
2450 W. SAMPLE ROAD  
#12  
POMPANO BEACH, FL 33073 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 AMBR  
Name CUNHA, LUCAS F  
Address 4126 COCOPLUM CIR  
City-State-Zip: COCONUT CREEK FL 33063

Title AMBR  
Name NOVAIS, STANLEY  
Address 4126 COCOPLUM CIR  
City-State-Zip: COCONUT CREEK FL 33063

Title AUTHORIZED MEMBER  
Name SANTOS, ANDERSON  
Address 2450 W. SAMPLE ROAD  
#12  
City-State-Zip: POMPANO BEACH FL 33073

Title AMBR  
Name AMUI, DENIS  
Address 4126 COCOPLUM CIR  
City-State-Zip: COCONUT CREEK FL 33063

Title AMBR/MGR  
Name SOARES, LUCIANO S.  
Address 2450 W. SAMPLE ROAD  
#12  
City-State-Zip: POMPANO BEACH FL 33073

Title AUTHORIZED MEMBER  
Name LOPES, MARCOS CESAR  
Address 2450 W. SAMPLE ROAD  
#12  
City-State-Zip: POMPANO BEACH FL 33073

*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:** LUCAS F CUNHA

**MANAGER**

**04/26/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date