

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000231802

**Entity Name:** WHARTON WOOD WORKS LLC

**Current Principal Place of Business:**

2873 ST AUGUSTINE RD  
MONTICELLO, FL 32344

**Current Mailing Address:**

2873 ST AUGUSTINE RD  
MONTICELLO, FL 32344 US

**FEI Number:** 81-3275566

**Certificate of Status Desired:** No

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

WHARTON, FLOYD  
2873-B ST. AUGUSTINE RD  
MONTICELLO, FL 32303 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            PRESIDENT  
Name            WHARTON, FLOYD  
Address        2873 ST AUGUSTINE RD  
City-State-Zip: MONTICELLO FL 32344

Title            MANAGER  
Name            WHARTON, EMMA G  
Address        2873 ST AUGUSTINE RD  
City-State-Zip: MONTICELLO FL 32344

Title            VP  
Name            WHARTON, SAM W.F.  
Address        2873 ST AUGUSTINE RD  
City-State-Zip: MONTICELLO FL 32344

Title            AUTHORIZED REPRESENTATIVE  
Name            WHARTON, ROSE E  
Address        2873 ST AUGUSTINE RD  
City-State-Zip: MONTICELLO FL 32344

*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:** FLOYD WHARTON

**PRESIDENT**

**03/08/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date