

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000342459

**Entity Name:** WTA & KRK, LLC

**Current Principal Place of Business:**

1200 PLANTATION ISLAND DRIVE SOUTH  
SUITE 230  
ST. AUGUSTINE, FL 32080

**Current Mailing Address:**

1200 PLANTATION ISLAND DRIVE SOUTH  
SUITE 230  
ST. AUGUSTINE, FL 32080 US

**FEI Number:** 86-2620444

**Certificate of Status Desired:** No

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

ABARE, WILLIAM T III  
1200 PLANTATION ISLAND DRIVE SOUTH  
SUITE 230  
ST. AUGUSTINE, FL 32080 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 AUTHORIZED MEMBER  
Name ABARE, WILLIAM T III  
Address 1200 PLANTATION ISLAND DRIVE S,  
SUITE 230  
City-State-Zip: ST. AUGUSTINE 32080

Title AUTHORIZED MEMBER  
Name KRESGE, KENNETH R  
Address 1200 PLANTATION ISLAND DRIVE  
SOUTH  
SUITE 230  
City-State-Zip: ST. AUGUSTINE FL 32080

Title AUTHORIZED MEMBER  
Name HAYES, ELENA  
Address 1200 PLANTATION ISLAND DRIVE  
SOUTH  
SUITE 230  
City-State-Zip: ST. AUGUSTINE FL 32080

*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:** WILLIAM T ABARE III

**MEMBER**

**04/30/2024**

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

\_\_\_\_\_  
Date