

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000159301

**Entity Name:** WFCW PROPCO COLONIAL, LLC**Current Principal Place of Business:**222 E 5TH STREET  
TUCSON, AZ 85705**Current Mailing Address:**222 E 5TH STREET  
TUCSON, AZ 85705 US**FEI Number: 86-3907738****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS ST  
TALLAHASSEE, FL 32301 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 LAI, JOHN  
Address 222 E 5TH STREET  
City-State-Zip: TUCSON AZ 85705

Title PRESIDENT  
Name LAI, JOHN  
Address 222 E 5TH STREET  
City-State-Zip: TUCSON AZ 85705

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

Title ASST. SECRETARY  
Name GRAHAM-BERGIN, ANNE C.  
Address 222 E 5TH STREET  
City-State-Zip: TUCSON AZ 85705

Title MGR  
Name GOLD, JEDIDIAH  
Address 222 E 5TH STREET  
City-State-Zip: TUCSON AZ 85705

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

Title SECRETARY  
Name HARTMANN, MARKUS  
Address 222 E. 5TH ST.  
City-State-Zip: TUCSON AZ 85705

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

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*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: MARKUS HARTMANN****SECRETARY****01/17/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date

**Authorized Person(s) Detail Continued :**

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