

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000168250

**Entity Name:** PRODWI 509 LLC**Current Principal Place of Business:**17005 WEST DIXIE HWY  
NORTH MIAMI BEACH, FL 33160**Current Mailing Address:**17161 NE 16TH AVE  
NORTH MIAMI BEACH, FL 33162**FEI Number:** APPLIED FOR**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**TOUSSAINT, WILSON  
17161 NE 16TH AVE  
NORTH MIAMI BEACH, FL 33162 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            | TOUSSAINT, WILSON          |
| Address         | 17161 NE 16TH AVE          |
| City-State-Zip: | NORTH MIAMI BEACH FL 33162 |

|                 |                        |
|-----------------|------------------------|
| Title           | AP                     |
| Name            | TOUSSAINT, ANTOINE     |
| Address         | 10414 SW AZZIA WAY     |
| City-State-Zip: | PROT ST LUCIE FL 34987 |

|                 |                            |
|-----------------|----------------------------|
| Title           | MBR                        |
| Name            | TOUSSAINT, JOVANIE         |
| Address         | 17005 WEST DIXIE HWY       |
| City-State-Zip: | NORTH MIAMI BEACH FL 33160 |

*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:** WILSON, TOUSSAINT

MGR

05/01/2022

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