

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000445925

Entity Name: WIMBISH LLC**Current Principal Place of Business:**9000 EASTERLING DRIVE
ORLANDO, FL 32819**Current Mailing Address:**10450 TURKEY LAKE RD
P.O. BOX 690969
ORLANDO, FL 32869-0969 US**FEI Number:** 87-3010497**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**WIMBISH, CALVIN B MR.
9000 EASTERLING DR
ORLANDO, FL 32819 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 ARCHER, DANIEL D ESQ
Address 2599 RIDGETOP LANE
City-State-Zip: CLERMONT FL 34711Title AMBR
Name WIMBISH, CALVIN B
Address 9000 EASTERLING DRIVE
City-State-Zip: ORLANDO FL 32819Title MGR
Name TAEPEKE, LAWRENCE W
Address 8761 THE ESPLANADE #33
City-State-Zip: ORLANDO FL 32836Title AMBR
Name MUNGALL, RICHARD J
Address 9209 CYPRESS COVE DRIVE
City-State-Zip: ORLANDO FL 32819Title AMBR
Name CATRETT, BRIANNA
Address 6585 HIDDEN BEACH CIRCLE
City-State-Zip: ORLANDO FL 32819

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: CALVIN B. WIMBISH**AUTHORIZED MEMBER****04/14/2022**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date