

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000106607

Entity Name: WRELAD LLC

Current Principal Place of Business:

4418 CANOPY CT
KISSIMMEE, FL 34758

Current Mailing Address:

4418 CANOPY CT
KISSIMMEE, FL 34758 US

FEI Number: 88-1681119

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BROWNE-MICHAEL, MIKELLON S
4418 CANOPY CT
KISSIMMEE, FL 34758 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	Title	AR
Name	BROWNE-MICHAEL, MIKELLON S	Name	PARSONS, SANDRINA A
Address	4418 CANOPY CT	Address	4418 CANOPYCT
City-State-Zip:	KISSIMMEE FL 34758	City-State-Zip:	KISSIMMEE FL 34758

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: MIKELLON BROWNE-MICHAEL

MANAGER

02/27/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date