

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000131106

**Entity Name:** WADRA II LLC

**Current Principal Place of Business:**

5700 SW 163 AVENUE  
SOUTHWEST RANCHES, FL 33331

**Current Mailing Address:**

5700 SW 163 AVENUE  
SOUTHWEST RANCHES, FL 33331

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

GOMERO CURE, WADI S  
5700 SW 163 AVENUE  
SOUTHWEST RANCHES, FL 33331 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 GOMERO-CURE, WADI S  
Address 5700 SW 163 AVENUE  
City-State-Zip: FORTLAUDERDALE FL 33331

Title MGR  
Name GALE, DRAGUISA  
Address 5700 SW 163 AVENUE  
City-State-Zip: SOUTHWEST RANCHES FL 33331

*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:** GOMERO-CURE , WADI S

MGR

03/07/2024

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

\_\_\_\_\_  
Date