

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000150018

**Entity Name:** WECHSLER WHOLESAL, LLC.

**Current Principal Place of Business:**

6800 SW 40TH STREET  
# 425  
MIAMI, FL 33155

**Current Mailing Address:**

6800 SW 40TH STREET  
# 425  
MIAMI, FL 33155

**FEI Number:** 88-1696275

**Certificate of Status Desired:** No

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

WECHSLER, SOLOMON  
6800 SW 40TH STREET  
# 425  
MIAMI, FL 33155 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           MANAGER  
Name           WECHSLER, SOLOMON  
Address        6800 SW 40TH STREET  
City-State-Zip: MIAMI FL 33155

Title           MANAGER  
Name           PINO WECHSLER, JACQUELINE  
Address        6800 SW 40TH STREET  
                  # 425  
City-State-Zip: MIAMI FL 33155

*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:** SOLOMON WECHSLER

**MANAGER**

**04/29/2024**

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

\_\_\_\_\_  
Date