

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000242959

**Entity Name:** WOTANS TEMPLE LLC

**Current Principal Place of Business:**

3839 WOODVILLE HWY  
TALLAHASSEE, FL 32305

**Current Mailing Address:**

3839 WOODVILLE HWY  
TALLAHASSEE, FL 32305 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

OLUSHEGUN, KONDO A  
3839 WOODVILLE HWY  
TALLAHASSEE, FL 32305 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 MEM  
Name FOSHEE, HILDOLFR W  
Address 601 MARKET ST  
City-State-Zip: NEW CUMBERLAND PA 17070

Title MEM  
Name BOYD, MICHELLE  
Address 3839 WOODVILLE HWY  
City-State-Zip: TALLAHASSEE FL 32305

*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:** HILDOLFR FOSHEE

**MEMBER**

**03/23/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date