

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000406630

**Entity Name:** ABRAKADATA, LLC

**Current Principal Place of Business:**

15915 SW 2 ST  
SUNRISE, FL 33326

**Current Mailing Address:**

15915 SW 2 ST  
SUNRISE, FL 33326 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

WILDING, ABNER D  
15915 SW 2 ST  
SUNRISE, FL 33326 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            PRINCIPAL  
Name            WILDING, ABNER DAVID  
Address        15915 SW 2 ST  
City-State-Zip: SUNRISE FL 33326

*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:** ABNER WILDING

**PRINCIPAL**

**04/29/2023**

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

\_\_\_\_\_  
Date