

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000520044

Entity Name: FWB PARTNERS LLC

Current Principal Place of Business:

7901 4TH STREET NORTH SUITE 300
ST PETERSBURG, FL 33702

Current Mailing Address:

7901 4TH STREET NORTH SUITE 300
ST PETERSBURG, FL 33702 US

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

REGISTERED AGENTS INC
7901 4TH STREET NORTH SUITE 300
ST PETERSBURG, FL 33702 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 AMBR
Name ATLAS DWELLINGS LLC
Address 196 MIRACLE STRIP PKWY SE, UNIT I
City-State-Zip: FORT WALTON BEACH FL 32548

Title AMBR
Name WILD ELK VENTURES LLC
Address 30 N GOULD ST STE R
City-State-Zip: SHERIDAN WY 82801

Title AMBR
Name FIREFLY ENDEAVORS HOLDING COMPANY LLC
Address 1718 CAPITOL AVE
City-State-Zip: CHEYENNE WY 82001

Title AMBR
Name GOGS CAPITAL LLC
Address 30 N GOULD ST STE R
City-State-Zip: SHERIDAN WY 82801

Title AMBR
Name WHITE TRASH WEINIES LLC
Address 1655 E. ENTERPRISE SUITE A2
City-State-Zip: SPRINGFIELD MO 65804

Title AMBR
Name FORFYPH LLC
Address 2135 E SUNSHINE ST STE 203
City-State-Zip: SPRINGFIELD MO 65804

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: ATLAS DWELLINGS LLC

AMBR

04/21/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date