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: ALICE COHEN	AUTHORIZED SIGNATORY	02/07/2024
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Electronic Signature of Signing Authorized Person(s) Detail

City-State-Zip: FREDERICK MD 21703 City-State-Zip: FREDERICK MD 21703

L

Authorized Person(s) Detail :				
Title	AMBR	Title	AMBR	
Name	ALICE, COHEN	Name	ANDREW, DIPASQUALE	
Address	4949 NEW DESIGN ROAD	Address	4949 NEW DESIGN ROAD	
Citv-State-Zip:	FREDERICK MD 21703	City-State-Zip:	FREDERICK MD 21703	

4949 NEW DESIGN ROAD FREDERICK, MD 21703

Current Mailing Address:

4949 NEW DESIGN ROAD FREDERICK. MD 21703

FEI Number: 92-2131746

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD SUITE 250 PLANTATION, FL 33324 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

DOCUMENT# L23000001753

Entity Name: MW OF KISSIMMEE DC LLC

Current Principal Place of Business:

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT FILED Feb 07, 2024 Secretary of State

Certificate of Status Desired: No

7795753376CC

Date

Date