

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000340456

**Entity Name:** WPB45THSTREET LLC

**Current Principal Place of Business:**

2905 45TH ST,  
WEST PALM BEACH, FL 33407

**Current Mailing Address:**

8701 S ORANGE AVE  
ORLANDO, FL 32824

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

BEASLEY, RANDY  
3691 STATE ROAD 580 WEST  
SUITE H  
OLDSMAR, FL 34677 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 AUTHORIZED MEMBER  
Name THE KEITH R.E. JOHNSON FAMILY  
PROTECTION TRUST  
Address 1076 TELEGRAPH ST  
City-State-Zip: RENO NV 89502

Title AMBR  
Name JOHNSON, ARIANNA L  
Address 1076 TELEGRAPH ST  
City-State-Zip: RENO NV 89502

Title AMBR  
Name BULLARD, WILLIAM  
Address 5236 61ST AVE SOUTH  
City-State-Zip: ST PETERSBURG FL 33715

*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:** ARIANNA JOHNSON

**MANAGER**

**03/08/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date