

**2024 FOREIGN LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# M13000002891

**Entity Name:** WAWA FLORIDA, LLC**Current Principal Place of Business:**1911 US HWY 301 NORTH  
TAMPA, FL 33619**Current Mailing Address:**1911 US HWY 301 NORTH  
TAMPA, FL 33619 US**FEI Number:** 46-2924665**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
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

Date

**Authorized Person(s) Detail :**

Title            PRESIDENT  
Name            RACHUBINSKI, THOMAS  
Address        1911 US HWY 301 NORTH  
City-State-Zip: TAMPA FL 33619

Title            VP, SECRETARY  
Name            ECKHARDT, MICHAEL J  
Address        1911 US HWY 301 NORTH  
City-State-Zip: TAMPA FL 33619

Title            VP  
Name            SCHALLER, BRIAN A.  
Address        1911 US HWY 301 NORTH  
City-State-Zip: TAMPA FL 33619

Title            TREASURER, VP  
Name            HAWKINS, PRESTON  
Address        1911 US HWY 301 NORTH  
City-State-Zip: TAMPA FL 33619

Title            VP  
Name            POPLAWSKI, JOHN  
Address        1911 US HWY 301 NORTH  
City-State-Zip: TAMPA FL 33619

Title            DIRECTOR OF SITE ACQUISITION  
Name            POMYKACZ, BRIAN  
Address        1911 US HWY 301 NORTH  
City-State-Zip: TAMPA FL 33619

Title            DIRECTOR OF CONSTRUCTION  
Name            ONKEN, MATTHEW  
Address        1911 US HWY 301 NORTH  
City-State-Zip: TAMPA FL 33619

Title            ASST. SECRETARY  
Name            GIBBONS, TARA  
Address        1911 US HWY 301 NORTH  
City-State-Zip: TAMPA FL 33619

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*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:** JOHN POPLAWSKI

VP

04/26/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date

**Authorized Person(s) Detail Continued :**

Title	ASST. SECRETARY
Name	MADDALONI, CAROLYN
Address	1911 US HWY 301 NORTH
City-State-Zip:	TAMPA FL 33619