

2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M13000002891

Entity Name: WAWA FLORIDA, LLC**Current Principal Place of Business:**7022 TPC DRIVE
SUITE 200
ORLANDO, FL 32822**Current Mailing Address:**7022 TPC DRIVE
SUITE 200
ORLANDO, FL 32822 US**FEI Number:** 46-2924665**Certificate of Status Desired:** No**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	TREASURER
Name	CULOTTA, JARED G.
Address	7022 TPC DRIVE SUITE 200
City-State-Zip:	ORLANDO FL 32822

Title	PRESIDENT
Name	WIGGINS, KEVIN M
Address	7022 TPC DRIVE SUITE 200
City-State-Zip:	ORLANDO FL 32822

Title	VP, SECRETARY
Name	ECKHARDT, MICHAEL J
Address	7022 TPC DRIVE SUITE 200
City-State-Zip:	ORLANDO FL 32822

Title	AS
Name	KALOGREDIS, MARIA
Address	7022 TPC DRIVE SUITE 200
City-State-Zip:	ORLANDO FL 32822

Title	ASST. SECRETARY
Name	DICKINSON, KATHERINE
Address	7022 TPC DRIVE SUITE 200
City-State-Zip:	ORLANDO FL 32822

Title	VP
Name	SCHALLER, BRIAN A.
Address	7022 TPC DRIVE SUITE 200
City-State-Zip:	ORLANDO FL 32822

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: KATHERINE DICKINSON**ASSISTANT SECRETARY** 04/12/2018_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date