

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:

260 W BALTIMORE PIKE
MEDIA, PA 19063 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

04/30/2024

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