2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M19000006065

Entity Name: PWD-ORLANDO, LLC

Current Principal Place of Business:

4306 SHADER RD SUITE 100

ORLANDO, FL 32808

Current Mailing Address:

102 MAIN STREET PELLA, IA 50219 US

FEI Number: 27-1521352 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK INC. 801 US HWY 1 NORTH PALM BEACH, FL 33408 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:

Address

Electronic Signature of Registered Agent

Date

FILED Mar 30, 2021

Secretary of State

1890898735CC

Authorized Person(s) Detail:

102 MAIN STREET

Title	MBR	Title	PRESIDENT
Name	PELLA CORPORATION	Name	WILCOX, DANIEL
Address	102 MAIN STREET	Address	102 MAIN STREET
City-State-Zip:	PELLA IA 50219	City-State-Zip:	PELLA IA 50219

Title VΡ Title VΡ

TORRES. EDWIN Name Name MOSCHETTI, TORRY Address 4306 SHADER RD Address 7818 PHILLIPS HWY STE 200 SUITE 100

JACKSONVILLE FL 32256 City-State-Zip: ORLANDO FL 32808 City-State-Zip:

Title **SECRETARY** Title ASST. SECRETARY

Name DORMAN, JOEL H DEMEULENAERE, WILLIAM J Name

Address 102 MAIN STREET

City-State-Zip: PELLA IA 50219 City-State-Zip: PELLA IA 50219

Title **TREASURER** Title ASST. TREASURER Name WOGEN, DARIN Name WOGEN, BRIAN

Address 102 MAIN STREET Address 102 MAIN STREET

PELLA IA 50219 City-State-Zip: City-State-Zip: PELLA IA 50219

Continues on page 2

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.

03/30/2021 SIGNATURE: DARIN WOGEN **TREASURER**

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued:

Title ۷P

Name PEEK, PHIL

4306 SHADER RD SUITE 100 Address

City-State-Zip: ORLANDO FL 32808