

2023 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
ATTN: TAX DEPT
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:**

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

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

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

Title SECRETARY
Name DORMAN, JOEL H
Address 102 MAIN STREET
City-State-Zip: PELLA IA 50219

Title ASST. SECRETARY
Name DEMEULENAERE, WILLIAM J
Address 102 MAIN STREET
City-State-Zip: PELLA IA 50219

Title TREASURER
Name LAMASTUS, GREGORY S
Address 102 MAIN STREET
City-State-Zip: PELLA IA 50219

Title ASST. TREASURER
Name WOGEN, BRIAN
Address 102 MAIN STREET
City-State-Zip: PELLA IA 50219

Title VP
Name PEEK, DONALD
Address 4306 SHADER RD
SUITE 100
City-State-Zip: ORLANDO FL 32808

Title SR. OPS MANAGER
Name HANSEN, JEREMY
Address 4306 SHADER RD
SUITE 100
City-State-Zip: ORLANDO FL 32808

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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: GREGORY S. LAMASTUS**TREASURER****04/12/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title	VP
Name	RESNICK, KEVIN
Address	4306 SHADER RD STE 100
City-State-Zip:	ORLANDO FL 32808