

**2021 FOREIGN LIMITED LIABILITY COMPANY AMENDED 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

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	VP	Title	SECRETARY
Name	MOSCHETTI, TORRY	Name	DORMAN, JOEL H
Address	7818 PHILLIPS HWY STE 200	Address	102 MAIN STREET
City-State-Zip:	JACKSONVILLE FL 32256	City-State-Zip:	PELLA IA 50219
Title	ASST. SECRETARY	Title	TREASURER
Name	DEMEULENAERE, WILLIAM J	Name	WOGEN, DARIN
Address	102 MAIN STREET	Address	102 MAIN STREET
City-State-Zip:	PELLA IA 50219	City-State-Zip:	PELLA IA 50219
Title	ASST. TREASURER	Title	VP
Name	WOGEN, BRIAN	Name	PEEK, PHIL
Address	102 MAIN STREET	Address	4306 SHADER RD SUITE 100
City-State-Zip:	PELLA IA 50219	City-State-Zip:	ORLANDO FL 32808

**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.*

**SIGNATURE:** TORRY MOSCHETTI

VP

09/01/2021

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date

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

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