

**2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M19000006065

**Entity Name:** PWD-ORLANDO, LLC

**Current Principal Place of Business:**

350 STATE RD 434 W  
LONGWOOD, FL 32750

**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:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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 ROWE, DAVIS  
Address 102 MAIN STREET  
City-State-Zip: PELLA IA 50219

Title VP  
Name MOSCHETTI, TORRY  
Address 7818 PHILLIPS HWY STE 200  
City-State-Zip: JACKSONVILLE FL 32256

Title VP  
Name TORRES, EDWIN  
Address 350 STATE RD 434 W  
City-State-Zip: LONGWOOD FL 32750

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 WOGEN, BRIAN  
Address 102 MAIN STREET  
City-State-Zip: PELLA IA 50219

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

*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:** BRIAN WOGEN

**TREASURER**

**04/17/2020**

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

\_\_\_\_\_  
Date