

**2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M19000009408

**Entity Name:** WE-INNVENTURE, LLC

**Current Principal Place of Business:**

3452 LAKE LYNDA DRIVE  
SUITE:151  
ORLANDO, FL 32817

**FILED**  
**Apr 25, 2020**  
**Secretary of State**  
**3979509241CC**

**Current Mailing Address:**

3452 LAKE LYNDA DRIVE  
SUITE:151  
ORLANDO, FL 32817 US

**FEI Number: 82-0788676**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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 WASSON, GREGORY  
Address 3452 LAKE LYNDA DRIVE  
SUITE:151  
City-State-Zip: ORLANDO FL 32817

Title MBR  
Name SCOTT, JOHN  
Address 3452 LAKE LYNDA DRIVE  
SUITE:151  
City-State-Zip: ORLANDO FL 32817

Title MBR  
Name LINGLE, MICHAEL  
Address 3452 LAKE LYNDA DRIVE  
SUITE:151  
City-State-Zip: ORLANDO FL 32817

Title MBR  
Name DONNALLY, JAMES O  
Address 3452 LAKE LYNDA DRIVE  
SUITE:151  
City-State-Zip: ORLANDO FL 32817

Title MBR  
Name WASSON, KIMBERLY  
Address 3452 LAKE LYNDA DRIVE  
SUITE:151  
City-State-Zip: ORLANDO FL 32817

Title MBR  
Name OTWORTH, MICHAEL  
Address 3452 LAKE LYNDA DRIVE  
SUITE:151  
City-State-Zip: ORLANDO FL 32817

Title MBR  
Name BRENNER, RICHARD  
Address 3452 LAKE LYNDA DRIVE  
SUITE:151  
City-State-Zip: ORLANDO FL 32817

Title AUTHORIZED PERSON  
Name SALYER, JOSH  
Address 3452 LAKE LYNDA DRIVE  
SUITE:151  
City-State-Zip: ORLANDO FL 32817

*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: JOSH SALYER** \_\_\_\_\_

**AUTHORIZED PERSON**

**04/25/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date