

**2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M20000003154

**Entity Name:** APOCALYPSE WOW, LLC

**Current Principal Place of Business:**

1712 PIONEER AVE.  
SUITE 7000  
CHEYENNE, WY 82001

**Current Mailing Address:**

1712 PIONEER AVE.  
SUITE 7000  
CHEYENNE, WY 82001 US

**FEI Number:** 84-5099972

**Certificate of Status Desired:** Yes

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

BELLO, JOEL A  
2850 S. DOUGLAS ROAD, SUITE 303  
CORAL GABLES, FL 33134 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 AP  
Name MONTEMAYOR, DEANNA  
Address 1712 PIONEER AVE. SUITE 115  
City-State-Zip: CHEYENNE WY 82001

Title AP  
Name BELLO, JOEL A  
Address 2850 S. DOUGLAS ROAD SUITE 303  
City-State-Zip: CORAL GABLES FL 33134

*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:** BELLO,JOEL A

AP

01/31/2022

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

\_\_\_\_\_  
Date