

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M21000010003

**Entity Name:** WPPI ST PETE TC, LLC

**Current Principal Place of Business:**

9800 CONNECTICUT DR STE A1-100  
CROWN POINT, NJ 46307

**Current Mailing Address:**

9800 CONNECTICUT DR STE A1-100  
CROWN POINT, IN 46307

**FEI Number:** 87-1901547

**Certificate of Status Desired:** No

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

CT CORPORATION  
1200 S PINE ISLAND RD  
PLANTATION, FL 33324 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 MGR  
Name WMB CORP  
Address 9800 CONNECTICUT DR STE A1-100  
City-State-Zip: CROWN POINT IN 46307

Title MGRA  
Name WEISLER, JASON  
Address 9800 CONNECTICUT DR STE A1-100  
City-State-Zip: CROWN POINT IN 46307

Title MGRT  
Name CHAMBERS, J MATTHEW  
Address 5925 PLACIDA AVE  
City-State-Zip: ENGLEWOOD FL 34224

*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:** JASON WEISLER

**SECRETARY OF  
MANAGER**

**01/18/2024**

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

\_\_\_\_\_  
Date