

05-15-2008 90078 019 ***138.75

DOCUMENT # L04000031639

1. Entity Name

WR1, LLC

Principal Place of Business

980 NORTH FEDERAL HIGHWAY
SUITE 200
BOCA RATON, FL 33432

Mailing Address

980 NORTH FEDERAL HIGHWAY
SUITE 200
BOCA RATON, FL 33432

2. Principal Place of Business - No P.O. Box #

1500 Gateway Blvd
Suite, Apt. #, etc.
Suite 200
City & State
Boynton Bch, FL
Zip
33426

Country

3. Mailing Address

1500 Gateway Blvd
Suite, Apt. #, etc.
Suite 200
City & State
Boynton Bch, FL
Zip
33426

Country

4. FEI Number

20-2772305

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KLEPPER, CARL
980 NORTH FEDERAL HIGHWAY
SUITE 200
BOCA RAON, FL 33432

7. Name and Address of New Registered Agent

Name

Carl Klepper

Street Address (P.O. Box Number is Not Acceptable)

1500 Gateway Blvd
Suite 200
City

Boynton Beach

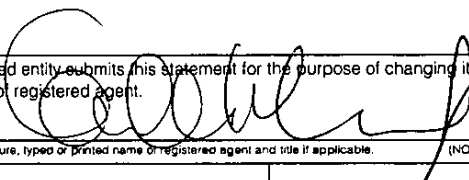
FL

Zip Code

33426

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE



Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to

Florida Department of State

9. MANAGING MEMBERS/MANAGERS

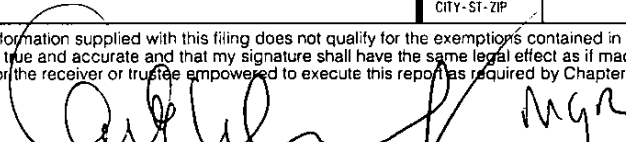
TITLE	MGR	<input type="checkbox"/> Delete
NAME	COMPARATO, JAMES	
STREET ADDRESS	980 B FED HWY STE 200	
CITY-ST-ZIP	BOCA RATON, FL 33432	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	KLEPPER, CARL JR	
STREET ADDRESS	980 N FED HWY STE 200	
CITY-ST-ZIP	BOCA RATON, FL 33432	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	DANGELO, ROBERT J	
STREET ADDRESS	980 N FED HWY STE 200	
CITY-ST-ZIP	BOCA RATON, FL 33432	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1500 Gateway Blvd. #200	
CITY-ST-ZIP	Boynton Beach, Florida 33426	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1500 Gateway Blvd. #200	
CITY-ST-ZIP	Boynton Beach, Florida 33426	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #