

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N19000007355

**Entity Name:** YOLAS-WIL INC.

**Current Principal Place of Business:**

455 NE 210TH CIRCLE TERRACE  
APT 203  
MIAMI FL, FL 33179

**Current Mailing Address:**

455 NE 210TH CIRCLE TERRACE  
APT 203  
MIAMI FL, FL 33179

**FEI Number:** 84-2349891

**Certificate of Status Desired:** No

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

THELUSMA, FLORENCE  
455 NE 210TH CIRCLE TERRACE  
APT 203  
MIAMI, FL 33179 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

**Officer/Director Detail :**

Title P  
Name THELUSMA, FLORENCE  
Address 455 NE 210TH CIRCLE TERRACE  
City-State-Zip: MIAMI FL FL 33179

Title MANAGER  
Name ORR, ALLEN W  
Address 455 NE 210TH CIRCLE TERRACE  
APT 203  
City-State-Zip: MIAMI FL FL 33179

*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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** FLORENCE THELUSMA

P

04/30/2023

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date