

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000000082

**Entity Name:** WLM OF LEE, LLC

**Current Principal Place of Business:**

2170 LOGAN BLVD NORTH  
NAPLES, FL 34119

**Current Mailing Address:**

2170 LOGAN BLVD NORTH  
NAPLES, FL 34119 US

**FEI Number:** 20-3953739

**Certificate of Status Desired:** No

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

WALKER, CULLEN Z  
2150 LOGAN BLVD NORTH  
NAPLES, FL 34119 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 WALKER, CULLEN Z  
Address 2150 LOGAN BLVD NORTH  
City-State-Zip: NAPLES FL 34119

Title AMBR  
Name WALKER, CONSTANCE  
Address 2150 LOGAN BLVD NORTH  
City-State-Zip: NAPLES FL 34119

*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:** CULLEN Z WALKER

MGR

01/16/2024

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

\_\_\_\_\_ Date