

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000115031

**Entity Name:** WNDMANAGEMENT "LLC"

**Current Principal Place of Business:**

8877 S. FLORIDA AVE.  
FLORAL CITY, FL 34436

**Current Mailing Address:**

7555 E PARKVIEW PLACE  
N/A  
FLORAL CITY, FL 34436 US

**FEI Number:** 75-3205574

**Certificate of Status Desired:** No

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

WARD, RICHARD LSR.  
7555 E. PARKVIEW PL.  
N/A  
FLORAL CITY, FL 34436 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 MGRM  
Name WARD, RICHARD LSR.  
Address 7555 E. PARKVIEW PL.  
City-State-Zip: FLORAL CITY FL 34436

Title MGRM  
Name WARD, REBECCA A  
Address 7555 E. PARKVIEW PLACE  
City-State-Zip: FLORAL CITY FL 34436

*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:** REBECCA WARD

MMGRM

03/15/2018

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

\_\_\_\_\_  
Date