

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000059948

**Entity Name:** W/B INDRIO ROAD GP, LLC

**Current Principal Place of Business:**

2121 PONCE DE LEON BLVD., SUITE 1250  
CORAL GABLES, FL 33134

**Current Mailing Address:**

2121 PONCE DE LEON BLVD., SUITE 1250  
CORAL GABLES, FL 33134

**FEI Number:** 20-5059706

**Certificate of Status Desired:** No

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

STEARNS WEAVER MILLER WEISSLER ALHADEFF &  
SITTERSON, P.A., C/O RICHARD E. SCHATZ  
150 WEST FLAGLER STREET, SUITE 2200  
MIAMI, FL 33130 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	Title	MGRM
Name	WEISER, WARREN	Name	BROOKS, CAROL
Address	2121 PONCE DE LEON BLVD #1250	Address	2121 PONCE DE LEON BLVD #1250
City-State-Zip:	CORAL GABLES FL 33134	City-State-Zip:	CORAL GABLES FL 33134

*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:** WARREN WEISER

**MANAGER**

**04/16/2019**

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

\_\_\_\_\_  
Date