## 2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000062893

Entity Name: WILSTER, LLC

**Current Principal Place of Business:** 

2200 LUCIEN WAY SUITE 405 MAITLAND, FL 32751

**Current Mailing Address:** 

2200 LUCIEN WAY SUITE 405 MAITLAND, FL 32751 US

**FEI Number: NOT APPLICABLE** Certificate of Status Desired: No

Name and Address of Current Registered Agent:

2815 WRIGHT AVE., LLC 2200 LUCIEN WAY SUITE 405 MAITLAND, FL 32751 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: GARY A. FORSTER 02/11/2025

Electronic Signature of Registered Agent

Date

**FILED** Feb 11, 2025

**Secretary of State** 

0951212508CC

Authorized Person(s) Detail:

Title MGR Title MGR

2815 WRIGHT AVE., LLC Name WILSON, FRANK Name

2200 LUCIEN WAY SUITE 405 Address 1832 WIND HARBOR RD Address City-State-Zip: BELLE ISLE FL 32809 MAITLAND FL 32751 City-State-Zip:

Title MGR Title MGR

Name FORSTER, GARY A Name WILSON, TAMARA

Address 2200 LUCIEN WAY SUITE 405 Address 1832 WIND HARBOR RD

MAITLAND FL 32751 City-State-Zip: City-State-Zip: BELLE ISLE FL 32809

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: GARY A. FORSTER **MANAGER** 

Electronic Signature of Signing Authorized Person(s) Detail

02/11/2025 Date