

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000065359

**Entity Name:** G. W. VENTURES, L.L.C.

**Current Principal Place of Business:**

801 AMALFI DRIVE  
PACIFIC PALISADES, CA 90272

**Current Mailing Address:**

GAINES WEHRLE  
PO BOX 1348  
PACIFIC PALISADES, CA 90272 US

**FEI Number:** 26-0410750

**Certificate of Status Desired:** No

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

DUSS, JOHN SIV  
4348 SOUTHPOINT BLVD., SUITE 101  
JACKSONVILLE, FL 32216 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 WEHRLE, GAINES  
Address GAINES WEHRLE  
PO BOX 1348  
City-State-Zip: PACIFIC PALISADES CA 90272

*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:** GAINES WEHRLE

MEMBER

04/10/2019

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

\_\_\_\_\_ Date