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

SIGNATURE: ERIC WIBERT

Electronic Signature of Signing Authorized Person(s) Detail

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT# L08000047425

Entity Name: WIBERT SOUTH EDGEWOOD COMPLEX, LLC

Current Principal Place of Business:

2050 S. EDGEWOOD DR. LAKELAND. FL 33803

Current Mailing Address:

2045 E. EDGEWOOD DR. LAKELAND, FL 33803

FEI Number: 26-2614874

Name and Address of Current Registered Agent:

WIBERT, ERIC L 2045 E. EDGEWOOD DR. LAKELAND, FL 33803 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

Authorized Person(s) Detail :

Title	MGR	Title	MGRM
Name	WIBERT, ERIC L	Name	WIBERT, LEE M
Address	2045 E. EDGEWOOD DR.	Address	7275 YARBOROUGH LN
City-State-Zip:	LAKELAND FL 33803	City-State-Zip:	LAKELAND FL 33813

that my name appears above, or on an attachment with all other like empowered. 02/10/2015

MANAGER

Date

FILED Feb 10, 2015 Secretary of State CC9261816120

Certificate of Status Desired: No

Date