# 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: ERIC WIBERT

Electronic Signature of Signing Authorized Person(s) Detail

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, GINGER
Address	2045 E. EDGEWOOD DR.	Address	2045 E. EDGEWOOD DR.
City-State-Zip:	LAKELAND FL 33803	City-State-Zip:	LAKELAND FL 33803

2024 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

MANAGER

Date

### FILED Feb 07, 2024 Secretary of State 6508662437CC

Certificate of Status Desired: No

02/07/2024 Date