

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000040836

**Entity Name:** WENFE LLC

**Current Principal Place of Business:**

13899 BISCAYNE BLVD  
STE 222  
NORTH MIAMI BEACH, FL 33181

**Current Mailing Address:**

13899 BISCAYNE BLVD  
STE 222  
NORTH MIAMI BEACH, FL 33181 US

**FEI Number:** 45-1539207

**Certificate of Status Desired:** No

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

PAPPALETTERA, SEBASTIAN HSR  
15 NW 7 AVE  
FORTLAUDERDALE, FL 33311 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 MGR  
Name PAPPALETTERA, SEBASTIAN H  
Address 13899 BISCAYNE BLVD  
STE 222  
City-State-Zip: NORTH MIAMI BEACH FL 33181

*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:** SEBASTIAN H PAPPALETTERA

**MANAGER**

**04/01/2016**

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

\_\_\_\_\_  
Date