

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000091016

**Entity Name:** 4919 WF HWY, LLC

**Current Principal Place of Business:**

1591 S.E. PORT ST. LUCIE BLVD.  
SUITE A  
PORT ST. LUCIE, FL 34952

**Current Mailing Address:**

1591 S.E. PORT ST. LUCIE BLVD.  
SUITE A  
PORT ST. LUCIE, FL 34952 US

**FEI Number:** 20-0526748

**Certificate of Status Desired:** No

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

SOPKO, JAMES  
2300 S.E. MONTEREY RD  
SUITE 100  
STUART, FL 34995 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 MECCA, JACK A  
Address 1591 SE PORT ST. LUCIE BLVD.SUITE  
A  
City-State-Zip: PORT ST LUCIE FL 34952

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JACK A MECCA

MGR

04/21/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date