

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000119463

**Entity Name:** WAICHULIS AUTOMOTIVE RESTORATION LLC

**Current Principal Place of Business:**

15036 BRIAR RIDGE CIRCLE  
FORT MYERS, FL 33912

**Current Mailing Address:**

15036 BRIAR RIDGE CIRCLE  
FORT MYERS, FL 33912 US

**FEI Number:** 45-3635002

**Certificate of Status Desired:** Yes

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

WAICHULIS, WILLIAM  
15036 BRIAR RIDGE CIRCLE  
FORT MYERS, FL 33912 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 WAICHULIS, WILLIAM  
Address 15036 BRIAR RIDGE CIRCLE  
City-State-Zip: FORT MYERS FL 33912

Title CEO  
Name WAICHULIS, SUSAN  
Address 15036 BRIAR RIDGE CIRCLE  
City-State-Zip: FORT MYERS FL 33912

Title AUTHORIZED MEMBER  
Name WAICHULIS, JOSEPH  
Address 15036 BRIAR RIDGE CIRCLE  
City-State-Zip: FORT MYERS FL 33912

Title AUTHORIZED MEMBER  
Name WAICHULIS, SOPHIA  
Address 15036 BRIAR RIDGE CIRCLE  
City-State-Zip: FORT MYERS FL 33912

Title AUTHORIZED MEMBER  
Name WAICHULIS, WILLIAM JOSEPH  
Address 15036 BRIAR RIDGE CIRCLE  
City-State-Zip: FORT MYERS FL 33912

*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:** WILLIAM WAICHULIS

MGRM

01/23/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date