

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000108731

**Entity Name:** WAMEX SECURE, LLC

**Current Principal Place of Business:**

C/O RUZ & RUZ PL  
255 ALHAMBRA CIRCLE SUITE 500A  
CORAL GABLES, FL 33134

**Current Mailing Address:**

C/O RUZ & RUZ PL  
PO BOX 140969  
CORAL GABLES, FL 33114-0969 US

**FEI Number:** 46-1069510

**Certificate of Status Desired:** Yes

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

RUZ & RUZ PL  
C/O RUZ & RUZ PL  
255 ALHAMBRA CIRCLE SUITE 500A  
CORAL GABLES, FL 33134 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:** JENNIFER RUZ

04/30/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name DEL VALLE, SERGIO  
Address C/O RUZ & RUZ PL  
PO BOX 140969  
City-State-Zip: CORAL GABLES FL 33114-0969

Title MGRM  
Name WARNHOLTZ, CHRISTIAN  
Address C/O RUZ & RUZ PL  
PO BOX 140969  
City-State-Zip: CORAL GABLES FL 33114-0969

Title MGRM  
Name CONTRERAS, JOSE A  
Address C/O RUZ & RUZ PL  
PO BOX 140969  
City-State-Zip: CORAL GABLES FL 33114-0969

*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:** CHRISTIAN WARNHOLTZ

MANAGER

04/30/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date