

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000152462

**Entity Name:** WYNWOOD HOME LLC

**Current Principal Place of Business:**

19447 SW 65 STREET  
PEMBROKE PINES, FL 33332

**Current Mailing Address:**

19447 SW 65 STREET  
PEMBROKE PINES, FL 33332

**FEI Number:** 46-4980949

**Certificate of Status Desired:** No

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

GOEDE, ADAMCZYK & DEBOEST, PLLC  
C/O AVI TRYSON  
8950 FONTANA DE SOL WAY #100  
NAPLES, FL 34109 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                    | Title           | AUTHORIZED MEMBER       |
| Name            | BELIN, MAX A            | Name            | BELIN, PATRICIA MUÑOZ   |
| Address         | 19447 SW 65 STREET      | Address         | 19447 SW 65 STREET      |
| City-State-Zip: | PEMBROKE PINES FL 33332 | City-State-Zip: | PEMBROKE PINES FL 33332 |

*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:** MAX A BELIN

MGRM

03/21/2022

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

\_\_\_\_\_  
Date