2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2015
Secretary of State
CC1750648318

DOCUMENT# L14000175115

Entity Name: WCG V, PLLC

Current Principal Place of Business:

CENTRES AT FEATHER SOUND
3001 EXECUTIVE DR - STE 130
CLEARWATER, FL 33762

Current Mailing Address:

CENTRES AT FEATHER SOUND
3001 EXECUTIVE DR - STE 130
CLEARWATER, FL 33762 US

FEI Number: 47-3457945

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GRAUER, LEOPOLDO DR.
802 11TH ST WEST
BRADENTON, FL 34205 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: LEOPOLDO GRAUER 04/27/2015

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	AUTHORIZED MEMBER
Name	WEINTRAUB, ALAN DR.
Address	4108 HENDERSON BLVD.
City-State-Zip:	TAMPA FL 33629

Title	AUTHORIZED MEMBER
Name	DELGADO, JOHN DR.
Address	2919 W. SWANN AVE. SUITE 106
City-State-Zip:	TAMPA FL 33609

Title	AUTHORIZED MEMBER
Name	CHANG, JOHN DR.
Address	11912 SHELDON RD
City-State-Zip:	TAMPA FL 33626

Title	AUTHORIZED MEMBER
Name	WEINTRAUB, ALAN DR.
Address	4108 HENDERSON BLVD.
City-State-Zip:	TAMPA FL 33629

Title	AUTHORIZED MEMBER
Name	GRAUER, LEOPOLDO DR.
Address	4600 N. HABANA AVE. SUITE 29
City-State-Zip:	TAMPA FL 33614

Title	AUTHORIZED MEMBER
Name	AWAD, AMIR DR.
Address	11912 SHELDON RD
City-State-Zip:	TAMPA FL 33626

Title	AUTHORIZED MEMBER
Name	MENDOZA, ALFREDO DR.
Address	11912 SHELDON RD.
City-State-Zip:	TAMPA FL 33626

Title	AUTHORIZED MEMBER
Name	GRAUER, LEOPOLDO DR.
Address	4600 N. HABANA AVE. SUITE 29
City-State-Zip:	TAMPA FL 33614

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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: LEOPOLDO GRAUER MANAGING PARTNER 04/27/2015

Electronic Signature of Signing Authorized Person(s) Detail — Date

Authorized Person(s) Detail Continued :

Title AUTHORIZED MEMBER
Name DELGADO, JOHN DR.
Address 2919 W. SWANN AVE.
SUITE 106
City-State-Zip: TAMPA FL 33609

Title AUTHORIZED MEMBER
Name CHANG, JOHN DR.
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