

**2024 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

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

04/18/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

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

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 CEO  
Name SALYANI, SEENA  
Address CENTRES AT FEATHER SOUND  
3001 EXECUTIVE DR - STE 130  
City-State-Zip: CLEARWATER FL 33762

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 MGRM  
Name WEINTRAUB, ALAN  
Address 4108 HENDERSON BLVD  
City-State-Zip: TAMPA FL 33629

**Continues on page 2**

*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

MGRM

04/18/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date

**Authorized Person(s) Detail Continued :**

Title MGRM  
Name DAVID, SIMMONS  
Address 320 1ST ST. N  
City-State-Zip: WINTER HAVEN FL 33861

Title MGRM  
Name ABBAS, ALI DR.  
Address 3821 MARYWEATHER LANE  
UNIT 101  
City-State-Zip: WESLEY CHAPEL FL 33544

Title MGRM  
Name NENSEY, YAWER  
Address 508 N ALEXANDER ST  
City-State-Zip: PLANT CITY FL 33563

Title MGRM  
Name HERRAKA, IHAB DR.  
Address 3821 MARYWEATHER LANE  
UNIT 101  
City-State-Zip: WESLEY CHAPEL FL 33544