2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000175115

Entity Name: WCG V, PLLC

FILED Apr 13, 2021 Secretary of State 5605283332CC

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: Yes

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 04/13/2021

> Date Electronic Signature of Registered Agent

Authorized Person(s) Detail:

Title **MGRM** Title **MGRM**

Name GRAUER, LEOPOLDO DR. Name DELGADO, JOHN DR.

4600 N. HABANA AVE. 2919 W. SWANN AVE. Address Address

SUITE 29 SUITE 106

City-State-Zip: TAMPA FL 33614 City-State-Zip: TAMPA FL 33609

Title MGRM Title MGRM

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

MGRM Title AUTHORIZED MEMBER Title Name WEINTRAUB, ALAN DR.

Name MENDOZA, ALFREDO DR. 11912 SHELDON RD. Address 4108 HENDERSON BLVD. Address

City-State-Zip: TAMPA FL 33629 City-State-Zip: TAMPA FL 33626

Title **AUTHORIZED MEMBER** Title AUTHORIZED MEMBER Name DELGADO, JOHN DR. GRAUER, LEOPOLDO DR. Name

Address 2919 W. SWANN AVE. 4600 N. HABANA AVE. Address

SUITE 106 SUITE 29

TAMPA FL 33609 City-State-Zip: TAMPA FL 33614 City-State-Zip:

Continues on page 2

SIGNATURE: LEOPOLDO GRAUER **MANAGER** 04/13/2021

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.

Authorized Person(s) Detail Continued:

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

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