

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000049399

Entity Name: VWY ENTERPRISE LLC**Current Principal Place of Business:**3191 TOCOA CIR
KISSIMMEE, FL 34746**Current Mailing Address:**6403 WENNEPEG RD,
BETHESDA, MD 20817 US**FEI Number:** 30-0863256**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**US TAX CONSULTING INC
5401 S. KIRKMAN RD
STE # 135
ORLANDO, FL 32819 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 AMBR
Name MASSI VILELA, ELLEN KARINA
Address 6403 WENNEPEG RD,
City-State-Zip: BETHESDA MD 20817

Title AMBR
Name BUENO MOTA, WAGNER
Address 6403 WENNEPEG RD,
City-State-Zip: BETHESDA MD 20817

Title AMBR
Name VILELA MOTA, YASMIN
Address 6403 WINNEPEG RD
City-State-Zip: BETHESDA MD 20817

Title AMBR
Name W M PARTICIPACOES &
ADMINISTRACAO FINANCEIRA LTDA
Address RUA ANTONIO DE GODOY, 7000
City-State-Zip: SAO JOSE DO RIO PRETO, SP15090-
250 BR SP 15090-250

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: ELLEN KARINA MASSI VILELA

AMBR

01/24/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date