

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000052770

**Entity Name:** WILSON ALMOND LLC

**Current Principal Place of Business:**

3027 COLLIN DR  
WEST PALM BEACH, FL 33406

**Current Mailing Address:**

3027 COLLIN DR  
WEST PALM BEACH, FL 33406

**FEI Number: 38-4002155**

**Certificate of Status Desired: No**

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

EDUARDO'S SERVICES INC  
3044 S MILITARY TRL  
F  
LAKE WORTH, FL 33463 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	MGRM
Name	NAVARRO, ROBERTO F	Name	BOLARDI, GRACIELA E
Address	BAHIA BLANCA 430	Address	BAHIA BLANCA 430
City-State-Zip:	WILDE BA XXXXX	City-State-Zip:	WILDE BA XXXXX

*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: ROBERTO NAVARRO**

**MGRM**

**01/08/2020**

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

\_\_\_\_\_  
Date