

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000120071

**Entity Name:** 5900 AUSTRALIAN WPB, LLC

**Current Principal Place of Business:**

5900 N. AUSTRALIAN AVENUE  
SUITE 3  
WEST PALM BEACH, FL 33407

**Current Mailing Address:**

5900 N. AUSTRALIAN AVENUE  
SUITE 3  
WEST PALM BEACH, FL 33407 US

**FEI Number:** 47-4542851

**Certificate of Status Desired:** No

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

IVANCEVIC, MARIE  
5900 N. AUSTRALIAN AVENUE  
SUITE 3  
WEST PALM BEACH, FL 33407 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 MGR  
Name IVANCEVIC MANAGEMENT CORPORATION  
Address 5900 N. AUSTRALIAN AVENUE SUITE 3  
City-State-Zip: WEST PALM BEACH FL 33407

*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:** MARIE IVANCEVIC

MGR

04/19/2016

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

\_\_\_\_\_  
Date