

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000174455

Entity Name: W. P. CONSULTANTS ASSOCIATES, LLC**Current Principal Place of Business:**6145 N. TROPICAL TRAIL
MERRITT ISLAND, FL 32953**Current Mailing Address:**6145 N. TROPICAL TRAIL
MERRITT ISLAND, FL 32953**FEI Number:** 47-5403451**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**LUDWIG, JOSEPH A
6145 N. TROPICAL TRAIL
MERRITT ISLAND, FL 32953 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	PRESIDENT
Name	LUDWIG, JOSEPH A
Address	6145 N. TROPICAL TRAIL
City-State-Zip:	MERRITT ISLAND FL 32953

Title	AMBR
Name	LUDWIG, JOSEPH A
Address	6145 N. TROPICAL TRAIL
City-State-Zip:	MERRITT ISLAND FL 32953

Title	AUTHORIZED MEMBER
Name	ZAYAS-LUDWIG, CHRISTINE
Address	6145 N. TROPICAL TRAIL
City-State-Zip:	MERRITT ISLAND FL 32953

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: JOSEPH A. LUDWIG

EXECUTIVE/PRESIDENT

01/22/2023

Electronic Signature of Signing Authorized Person(s) Detail_____
Date