

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000113155

Entity Name: WAPI, LLC

Current Principal Place of Business:

151 CRANDON BLVD
APT. 429
KEY BISCAYNE, FL 33149

Current Mailing Address:

VIP SAL 834
PO BOX 025364
MIAMI, FL 33102-5364 US

FEI Number: 81-2933734

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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 ESCOBAR, FLORENCE
Address VIP SAL 834
PO BOX 025364
City-State-Zip: MIAMI FL 33102-5364

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: FLORENCE ESCOBAR

MANAGER

04/11/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date