

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000005799

**Entity Name:** 1519 WADEKO LLC

**Current Principal Place of Business:**

1519 NW 60TH STREET  
MIAMI, FL 33142

**Current Mailing Address:**

P.O.BOX 942522  
MIAMI, FL 33194 US

**FEI Number:** 81-4945361

**Certificate of Status Desired:** No

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

STRAUS, ARNOLD M JR  
10081 PINES BLVD  
SUITE C  
PEMBROKE PINES, FL 33024 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             | Title           | MGR                     |
| Name            | WADE, DWYANE SR | Name            | KOPING, DANIELLE        |
| Address         | P.O.BOX 942522  | Address         | 9710 SW 11 ST           |
| City-State-Zip: | MIAMI FL 33194  | City-State-Zip: | PEMBROKE PINES FL 33024 |

*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:** DWYANE WADE SR

**MGR**

**03/27/2019**

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

\_\_\_\_\_  
Date