

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000034629

Entity Name: WJ LARGO, LLC**Current Principal Place of Business:**101 E KENNEDY BLVD, STE 2100
TAMPA, FL 33602**Current Mailing Address:**PO BOX 172117
TAMPA, FL 33672**FEI Number:** 37-1904538**Certificate of Status Desired:** No**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 SECRETARY
Name NOLAN, SHARON
Address PO BOX 172117
City-State-Zip: TAMPA FL 33672

Title VP
Name ANDERSON, CRAIG
Address PO BOX 172117
City-State-Zip: TAMPA FL 33672

Title VP
Name ATWOOD, SCOTT
Address PO BOX 172117
City-State-Zip: TAMPA FL 33672

Title VP
Name ROTHMAN, MICHAEL
Address PO BOX 172117
City-State-Zip: TAMPA FL 33672

Title VP
Name TUBEL, RAYMOND
Address PO BOX 172117
City-State-Zip: TAMPA FL 33672

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: SHARON NOLAN**SECRETARY****01/08/2019**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date