

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000098404

**Entity Name:** "BIGWIL" "LLC"

**Current Principal Place of Business:**

1317 EDGEWATER DR  
SUITE 4885  
ORLANDO, FL 32804

**Current Mailing Address:**

1317 EDGEWATER DR  
SUITE 4885  
ORLANDO, FL 32804 US

**FEI Number:** 82-5323331

**Certificate of Status Desired:** Yes

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

WILSON, LEOPOLD C  
1317 EDGEWATER DR  
SUITE 4885  
ORLANDO, FL 32804 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           | AMBR                            |
| Name            | WILSON, LEOPOLD                 | Name            | WILSON-COOPER, SOPHIA           |
| Address         | 1317 EDGEWATER DR<br>SUITE 4885 | Address         | 1317 EDGEWATER DR<br>SUITE 4885 |
| City-State-Zip: | ORLANDO FL 32804                | City-State-Zip: | ORLANDO FL 32804                |

*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:** LEOPOLD WILSON

MBR

02/20/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date