

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000171997

**Entity Name:** WAKE LENDING, LLC

**Current Principal Place of Business:**

124 NORTH 2ND STREET  
SUITE A  
FORT PIERCE, FL 34950

**Current Mailing Address:**

124 NORTH 2ND STREET  
SUITE A  
FORT PIERCE, FL 34950 US

**FEI Number:** 83-1243952

**Certificate of Status Desired:** Yes

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

KRAAZ, HANS E  
124 NORTH 2ND STREET  
SUITE A  
FORT PIERCE, FL 34950 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 AMBR  
Name KRAAZ, HANS E  
Address 124 A NORTH 2ND STREET  
City-State-Zip: FORT PIERCE FL 34950

Title AP  
Name BATES, NIKKI L  
Address 124 A NORTH 2ND STREET  
City-State-Zip: FORT PIERCE FL 34950

Title MGR  
Name INTERCOASTAL FINANCIAL GROUP  
LLC  
Address 124 NORTH 2ND STREET  
SUITE A  
City-State-Zip: FORT PIERCE FL 34950

Title AMBR  
Name SMITH, BEULAH BEVERLY  
Address 431 S HAM LANE  
SUITE B  
City-State-Zip: LODI CA 95242

*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:** HANS E KRAAZ

**OWNER**

**04/06/2021**

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

\_\_\_\_\_  
Date