

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000207584

**FILED**  
**Jan 15, 2020**  
**Secretary of State**  
**3042918969CC**

**Entity Name:** WESLEY CHAPEL INVESTMENTS LLC

**Current Principal Place of Business:**

4230 WINDCREST DR  
WESLEY CHAPEL, FL 33544

**Current Mailing Address:**

4230 WINDCREST DR  
WESLEY CHAPEL, FL 33544 US

**FEI Number:** 83-1783683

**Certificate of Status Desired:** No

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

CATALANOTTO, JASON A  
4230 WINDCREST DR  
WESLEY CHAPEL, FL 33544 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            CATALANOTTO, JASON  
Address        4230 WINDCREST DR  
City-State-Zip: WESLEY CHAPEL FL 33544

Title            AMBR  
Name            PATEL, RAKHI  
Address        27338 ROSELING CT  
City-State-Zip: WESLEY CHAPEL FL 33544

Title            AMBR  
Name            PATEL, ASHISH  
Address        223 HORIZON PEAK DR  
City-State-Zip: HENDERSON NV 89012

Title            AMBR  
Name            SHANMUGAM, GANESH  
Address        5915 LOS HERMANOS CT NE  
City-State-Zip: ALBUQUERQUE NM 87111

Title            AMBR  
Name            PATEL, NILESH  
Address        27906 BOREAL LOOP  
City-State-Zip: WESLEY CHAPEL FL 33544

*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:** JASON A CATALANOTTO

**01/15/2020**

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

\_\_\_\_\_  
Date