

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000001976

**Entity Name:** WITKOP SYSTEMS, LLC

**Current Principal Place of Business:**

4179 SW 64TH AVENUE  
SUITE 200  
DAVIE, FL 33314

**Current Mailing Address:**

70 TWIN LAKES ROAD  
LAKE PLACID, FL 33852 US

**FEI Number:** 83-3108356

**Certificate of Status Desired:** No

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

WITKOP, TERENCE  
70 TWIN LAKES ROAD  
LAKE PLACID, FL 33852 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            WITKOP, TERENCE  
Address        70 TWIN LAKES ROAD  
City-State-Zip: LAKE PLACID FL 33852

*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:** TERENCE WITKOP

**PRESIDENT**

**01/28/2020**

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

\_\_\_\_\_  
Date