

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000017152

**Entity Name:** WYN161 LLC

**Current Principal Place of Business:**

161 NW 30 ST  
MIAMI, FL 33127

**Current Mailing Address:**

1820 N CORPORATE LAKES BLVD  
108  
WESTON, FL 33326

**FEI Number:** 83-3211054

**Certificate of Status Desired:** No

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

CALLE, HAROLD  
1820 N CORPORATE LAKES BLVD  
108  
WESTON, FL 33326 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                            | Title           | AMBR                            |
| Name            | CALLE, HAROLD                   | Name            | CALDERON, PATRICIA              |
| Address         | 1820 N ORPORATE LAKES BLVD #108 | Address         | 1820 N ORPORATE LAKES BLVD #108 |
| City-State-Zip: | WESTON FL 33326                 | City-State-Zip: | WESTON FL 33326                 |

*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:** HAROLD CALLE

**MANAGER**

**04/19/2021**

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

\_\_\_\_\_  
Date