

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000071776

**Entity Name:** WHEEL IDENTITY LLC

**Current Principal Place of Business:**

11626 NORTH FLORIDA AVENUE  
TAMPA, FL 33612

**Current Mailing Address:**

11626 NORTH FLORIDA AVENUE  
TAMPA, FL 33612 US

**FEI Number:** 83-4071430

**Certificate of Status Desired:** No

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

KELLER, MITCHELL  
14803 SWOPES LOOP  
HUDSON, FL 34667 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	MGR
Name	KELLER, MITCHELL	Name	KELLER, JUSTIN M
Address	14803 SWOPES LOOP	Address	11626 N. FLORIDA AVE.
City-State-Zip:	HUDSON FL 34667	City-State-Zip:	TAMPA FL 33612

*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:** JUSTIN KELLER

MGR

03/26/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date