

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000277904

**Entity Name:** WAFELWERX LLC

**Current Principal Place of Business:**

21057 EVANSTON AVE  
PORT CHARLOTTE, FL 33952

**Current Mailing Address:**

21057 EVANSTON AVE  
PORT CHARLOTTE, FL 33952

**FEI Number:** 84-3751027

**Certificate of Status Desired:** No

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

GADDY, SCHUYLER  
21057 EVANSTON AVE  
PORT CHARLOTTE, FL 33952 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            AR  
Name            GADDY, SCHUYLER R  
Address        21057 EVANSTON AVE  
City-State-Zip: PORT CHARLOTTE FL 33952

Title            AP  
Name            CARTER, ARISTON M  
Address        21057 EVANSTON AVE  
City-State-Zip: PORT CHARLOTTE FL 33952

*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:** SCHUYLER GADDY

**CO-OWNER**

**01/27/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date