

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000037244

**Entity Name:** WAI SERVICES LLC

**Current Principal Place of Business:**

4500 NW 107TH AVE  
APT 204  
DORAL, FL 33178

**Current Mailing Address:**

4500 NW 107TH AVE  
APT 204  
DORAL, FL 33178

**FEI Number:** 86-1926947

**Certificate of Status Desired:** No

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

TAXCARE SWEETWATER  
8200 NW 41ST STREET  
SUITE 200  
DORAL, FL 33166 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  
Name FUNES MORALES, EDUARDO  
Address 4500 NW 107TH AVE APT 204  
City-State-Zip: DORAL FL 33178

Title MGR  
Name MORALES DE FUNES, ESMERALDA  
Address 16610 RED GULLY DR  
City-State-Zip: SUGAR LAND TX 77498

*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:** EDUARDO ANDRES FUNES MORALES

**MANAGER**

**04/24/2023**

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

\_\_\_\_\_  
Date