

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000085494

**Entity Name:** WAI FRUITS LLC

**Current Principal Place of Business:**

9912 HAMMOCKS BLVD  
SUITE # 103  
MIAMI, FL 33196

**Current Mailing Address:**

9912 HAMMOCKS BLVD  
SUITE # 103  
MIAMI, FL 33196

**FEI Number:** 86-2202944

**Certificate of Status Desired:** No

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

MOLINA, SURELY  
7500 NW 25TH STREET  
SUITE # 246  
MIAMI, FL 33122 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	PAREDES, FATIMA T
Address	9912 HAMMOCKS BLVD
City-State-Zip:	SUITE # 103 FL 33196
Title	AMBR
Name	MURILLO, SANDRA Y
Address	9912 HAMMOCKS BLVD SUITE # 103
City-State-Zip:	MIAMI FL 33196

Title	AMBR
Name	MARICH, ANTONIO D
Address	9912 HAMMOCKS BLVD SUITE # 103
City-State-Zip:	MIAMI FL 33196
Title	AMBR
Name	MARICH, DUJANA A
Address	9912 HAMMOCKS BLVD SUITE # 103
City-State-Zip:	MIAMI FL 33196

*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:** FATIMA T PAREDES

**MANAGER**

**02/15/2022**

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

\_\_\_\_\_  
Date