

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000385422

**Entity Name:** DIVERSICON WFF, LLC

**Current Principal Place of Business:**

6500 E. BROADWAY AVE  
TAMPA, FL 33619

**Current Mailing Address:**

6500 E. BROADWAY AVE  
TAMPA, FL 33619 US

**FEI Number:** 87-2417718

**Certificate of Status Desired:** No

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

CAPITOL CORPORATE SERVICES, INC.  
515 EAST PARK AVENUE  
2ND FLOOR  
TALLAHASSEE, FL 32301 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            PRESIDENT  
Name            TOLBERT, ROBERT W  
Address        6500 E. BROADWAY AVE  
City-State-Zip: TAMPA FL 33619

*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:** ROBERT TOLBERT

**PRESIDENT**

**01/30/2024**

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

\_\_\_\_\_  
Date