

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000453847

**Entity Name:** WAKEAPP LLC

**Current Principal Place of Business:**

8815 CONROY WINDERMERE RD  
#411  
ORLANDO, FL 32835

**Current Mailing Address:**

8815 CONROY WINDERMERE RD  
#411  
ORLANDO, FL 32835

**FEI Number:** 87-3337122

**Certificate of Status Desired:** No

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

SOLUTION ADVISING LLC  
5728 MAJOR BLVD  
SUITE 609  
ORLANDO, FL 32819 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            AMBR  
Name            SANTOS, MAICON  
Address        8815 CONROY WINDERMERE #411  
City-State-Zip: ORLANDO FL 32835

Title            MGR  
Name            LEAL MACHADO, RAFAEL  
Address        8815 CONROY WINDERMERE #411  
City-State-Zip: ORLANDO FL 32819

Title            MGR  
Name            DE CASTRO PAULETO, PRISCILA  
Address        8815 CONROY WINDERMERE #411  
City-State-Zip: ORLANDO FL 32819

Title            AMBR  
Name            RLM HOLDING GROUP CORP  
Address        8815 CONROY WINDERMERE #411  
City-State-Zip: ORLANDO FL 32835

*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:** SANTOS , MAICON

AMBR

04/25/2024

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

\_\_\_\_\_  
Date