

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000475161

**Entity Name:** WEKO10200 LLC

**Current Principal Place of Business:**

10200 NW 25 STREET  
#C-203  
DORAL, FL 33172

**Current Mailing Address:**

10200 NW 25 STREET  
#C-203  
DORAL, FL 33172 US

**FEI Number:** 87-3500251

**Certificate of Status Desired:** No

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

AGE RE SERVICES, LLC  
3162 COMMODORE PLAZA  
SUITE 3E  
COCONUT GROVE, FL 33133 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 MBR  
Name ORMAZABAL, WALTER F  
Address 10200 NW 25 STREET, #C-203  
City-State-Zip: DORAL FL 33172

Title MBR  
Name ORMAZABAL, EVAN R  
Address 10200 NW 25 STREET, #C-203  
City-State-Zip: DORAL FL 33172

Title MBR  
Name ORMAZABAL, KYARA L  
Address 10200 NW 25 STREET, #C-203  
City-State-Zip: DORAL FL 33172

*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:** WALTER ORMAZABAL

**OWNER**

**01/31/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date