

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000493835

**Entity Name:** WILLIAM ANDERSON GENERAL MERCHANDISE LLC

**Current Principal Place of Business:**

8002 PONCE DE LEON ROAD  
MIAMI, FL 33143

**Current Mailing Address:**

8002 PONCE DE LEON ROAD  
MIAMI, FL 33143

**FEI Number: 87-3590404**

**Certificate of Status Desired: No**

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

BERNHEIM, MELISSA L  
8002 PONCE DE LEON RD  
MIAMI, FL 33143 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                   | Title           | MGR                   |
| Name            | FULLER, WILLIAM O     | Name            | BERNHEIM, MELISSA L   |
| Address         | 8002 PONCE DE LEON RD | Address         | 8002 PONCE DE LEON RD |
| City-State-Zip: | MIAMI FL 33143        | City-State-Zip: | MIAMI FL 33143        |

*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: WILLIAM O FULLER**

**MGR**

**04/05/2022**

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

\_\_\_\_\_  
Date