

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000527711

**Entity Name:** WEDOBATHROOMS LLC

**Current Principal Place of Business:**

152 SE 29TH AVE  
UNIT 5  
HOMESTEAD, FL 33033

**Current Mailing Address:**

152 SE 29TH AVE  
UNIT 5  
HOMESTEAD, FL 33033

**FEI Number:** 87-4049944

**Certificate of Status Desired:** No

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

CASTRO, ALEXA S  
152 SE 29TH AVE  
UNIT 5  
HOMESTEAD, FL 33033 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 AUTHORIZED MEMBER  
Name AMBROSIO, ROBERT  
Address 2107 N DIXIE HWY  
City-State-Zip: WEST PALM BEACH FL 33047

Title AUTHORIZED MEMBER  
Name CASTRO, ALEXA S  
Address 152 SE 29TH AVE UNIT 5  
City-State-Zip: HOMESTEAD FL 33033

*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 AMBROSIO

MEMBER

03/23/2022

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

\_\_\_\_\_  
Date