

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000004237

FILED
Apr 25, 2024
Secretary of State
2679106404CC

Entity Name: WHFT AFFORDABLE I DEVELOPER, LLC

Current Principal Place of Business:

1105 KENSINGTON PARK DRIVE, SUITE 200
ALTAMONTE SPRINGS, FL 32714

Current Mailing Address:

1105 KENSINGTON PARK DRIVE, SUITE 200
ALTAMONTE SPRINGS, FL 32714 US

FEI Number: 87-4602710

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RHODEN, REBECCA
215 N. EOLA DRIVE
ORLANDO, FL 32801 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: REBECCA RHODEN

04/25/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name WOLF, JONATHAN L
Address 1105 KENSINGTON PARK DRIVE,
SUITE 200
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title MBR
Name WOLF, JONATHAN L
Address 1105 KENSINGTON PARK DRIVE,
SUITE 200
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title MBR
Name BAMBERGER, GLEN F
Address 1105 KENSINGTON PARK DRIVE,
SUITE 200
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title MBR
Name VON WELLER, RYAN S
Address 1105 KENSINGTON PARK DRIVE,
SUITE 200
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title MBR
Name WOLF, SARA E
Address 1105 KENSINGTON PARK DRIVE,
SUITE 200
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title MBR
Name WOLF, HARRISON F
Address 1105 KENSINGTON PARK DRIVE,
SUITE 200
City-State-Zip: ALTAMONTE SPRINGS FL 32714

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: JONATHAN L. WOLF

MANAGER

04/25/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date