

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000060024

**Entity Name:** WMG ARLINGTON ORLANDO OWNER, LLC

**Current Principal Place of Business:**

2801 SW 31ST AVENUE  
SUITE 2B  
COCONUT GROVE, FL 33133

**Current Mailing Address:**

2801 SW 31ST AVENUE  
SUITE 2B  
COCONUT GROVE, FL 33133

**FEI Number: APPLIED FOR**

**Certificate of Status Desired: No**

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

UNITED STATES REGISTERED AGENTS, INC.  
9300 DADELAND BLVD.  
SUITE 600  
MIAMI, FL, FL 33156 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  
Name WMG ARLINGTON ORLANDO LP  
Address 2801 SW 31ST AVENUE, SUITE 2B  
City-State-Zip: COCONUT GROVE FL 33133

Title AUTHORIZED REPRESENTATIVE  
Name SCAVO, ANTHONY  
Address 2801 SW 31ST AVENUE  
SUITE 2B  
City-State-Zip: COCONUT GROVE FL 33133

Title AUTHORIZED REPRESENTATIVE  
Name WALLACE, LESLIE  
Address 2801 SW 31ST AVENUE  
SUITE 2B  
City-State-Zip: COCONUT GROVE FL 33133

*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: SUZANNE L WILDER**

**ATTORNEY**

**03/16/2023**

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

\_\_\_\_\_  
Date