

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000169555

Entity Name: WILSON ENDEAVORS, LLC

Current Principal Place of Business:

614 DENT STREET
TALLAHASSEE, FL 32304

Current Mailing Address:

P.O. BOX 11294
TALLAHASSEE, FL 32302

FEI Number: 88-1950703

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WILSON, NATASHA K
614 DENT STREET
TALLAHASSEE, FL, FL 32304 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 MGRM
Name WILSON, NATASHA K
Address P.O. BOX 11294
City-State-Zip: TALLAHASSEE FL 32302

Title MGRM
Name WILSON, ALEXANDER B
Address P.O. BOX 11294
City-State-Zip: TALLAHASSEE FL 32302

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: NATASHA K. WILSON

REGISTERED AGENT

04/27/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date