that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JESSICA KASHMARK

Electronic Signature of Signing Authorized Person(s) Detail

DOCUMENT# L23000043413

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: WICALA CONSULTING, LLC

Current Principal Place of Business:

1507 CALVIN AVE LEHIGH ACRES. FL 33972

Current Mailing Address:

1507 CALVIN AVE LEHIGH ACRES. FL 33972

FEI Number: 92-3400943

Name and Address of Current Registered Agent:

KASHMARK, JESSICA L 1507 CALVIN AVE LEHIGH ACRES, FL 33972 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

Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	KASHMARK, JESSICA L	Name	HAAS, ADAM M
Address	1507 CALVIN AVE	Address	1507 CALVIN AVE
City-State-Zip:	LEHIGH ACRES FL 33972	City-State-Zip:	LEHIGH ACRES FL 33972

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

MGR

04/29/2024

FILED Apr 29, 2024 Secretary of State 2771400263CC

Certificate of Status Desired: No

Date

Date