

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000325287

**Entity Name:** 556 WISB LLC

**Current Principal Place of Business:**

485 MADISON AVE STE 1600  
NEW YORK, NY 10022

**Current Mailing Address:**

485 MADISON AVE STE 1600  
NEW YORK, NY 10022

**FEI Number:** 93-2354515

**Certificate of Status Desired:** No

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

IKRAM, ANIL  
4526 SHANEWOOD CT  
ORLANDO, FL 32827 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 AMBR  
Name CHARLES SCHORR LESNICK  
Address 485 MADISON AVE STE 1600  
City-State-Zip: NEW YORK NY 10022

Title AMBR  
Name SCHWARTZ, LEONARD  
Address 485 MADISON AVE STE 1600  
City-State-Zip: NEW YORK NY 10022

*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:** CHARLES SCHORR LESNICK

MEMBER

05/01/2024

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

\_\_\_\_\_  
Date