

**2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M1500009341

**Entity Name:** WYATT FLORIDA, LLC

**Current Principal Place of Business:**

C/O EILEEN J. TAYLOR  
5900 FORT DRIVE SUITE 305  
CENTREVILLE, VA 20121

**Current Mailing Address:**

C/O EILEEN J. TAYLOR  
5900 FORT DRIVE SUITE 305  
CENTREVILLE, VA 20121 US

**FEI Number:** 47-5443362

**Certificate of Status Desired:** No

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

GREGORY II, RONALD W. ESQ.  
3801 PARK STREET NORTH  
SUITE 3  
ST. PETERSBURG, FL 33709 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	SOLE MEMBER	Title	MANAGER OF SOLE MEMBER
Name	WYATT ENTERPRISES, LLC	Name	SHAPIRO, PHILIP S.
Address	C/O EILEEN J. TAYLOR 5900 FORT DRIVE SUITE 305	Address	C/O EILEEN J. TAYLOR 5900 FORT DRIVE SUITE 305
City-State-Zip:	CENTREVILLE VA 20121	City-State-Zip:	CENTREVILLE VA 20121

*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:** PHILIP S. SHAPIRO

**PRESIDENT**

**01/10/2022**

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

\_\_\_\_\_  
Date