

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000015894

**Entity Name:** 19 SE WENONA LLC

**Current Principal Place of Business:**

21 CORNELL PEAK  
POMONA, NY 10970

**Current Mailing Address:**

21 CORNELL PEAK  
POMONA, NY 10970

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

DENTONS COHEN & GRIGSBY P.C.  
MERCATO-SUITE 6200, 9110 STRADA PLACE  
NAPLES, FL 34108 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            REGARD RECOVERY LLC  
Address        21 CORNELL PEAK  
City-State-Zip: POMONA NY 10970

*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:** REGARD RECOVERY LLC

AMBR

03/31/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date