

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000534864

**Entity Name:** WILFADEIT LLC

**Current Principal Place of Business:**

1423 S. ADAMS STREET  
TALLAHASSEE, FL 32304

**Current Mailing Address:**

2001 ANN ARBOR AVE  
TALLAHASSEE, FL 32304 US

**FEI Number:** 93-4593574

**Certificate of Status Desired:** No

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

COURAGE, WILAVENS  
2001 ANN ARBOR AVENUE  
TALLAHASSEE, 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            AMBR  
Name            COURAGE, WILAVENS  
Address        2001 ANN ARBOR AVENUE  
City-State-Zip: TALLAHASSEE FL 32304

*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:** WILAVENS COURAGE

AMBR

04/15/2024

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

\_\_\_\_\_  
Date