

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000017969

**Entity Name:** WLC, LLC

**Current Principal Place of Business:**

417 LONG COVE ROAD  
ORMOND BEACH, FL 32174

**Current Mailing Address:**

417 LONG COVE ROAD  
ORMOND BEACH, FL 32174

**FEI Number:** 22-3857889

**Certificate of Status Desired:** No

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

FRIEBIS, DANIEL S  
3890 TURTLE CREEK DRIVE  
SUITE B  
PORT ORANGE, FL 32127 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 MGRM  
Name CURTIS, MARGARET W  
Address 417 LONG COVE ROAD  
City-State-Zip: ORMOND BEACH FL 32174

Title AUTHORIZED MEMBER  
Name WILLIAMS, KRISTEN  
Address 1609 PURPLE SAGE CT.  
City-State-Zip: CHARLOTTESVILLE VA 22901

*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:** MARGARET CURTIS

MWC

02/21/2019

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

\_\_\_\_\_  
Date