

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000023007

**Entity Name:** WALLACE ASSOCIATES, L.L.C.

**Current Principal Place of Business:**

5435 DR. M.L. KING ST. N.  
ST. PETERSBURG, FL 33703

**Current Mailing Address:**

5435 DR. M.L. KING ST. N.  
ST. PETERSBURG, FL 33703

**FEI Number:** 52-2375801

**Certificate of Status Desired:** Yes

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

ADAIR, CHARLES E  
5435 DR. M.L. KING ST. N.  
ST. PETERSBURG, FL 33703 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:** CHARLES E. ADAIR

04/27/2017

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MANAGER  
Name ADAIR, CHARLES E  
Address 5435 DR. M.L. KING ST. N.  
City-State-Zip: ST. PETERSBURG FL 33703

Title MANAGER  
Name COLE, NORRIS G JR.  
Address 5435 DR. M.L. KING ST. N.  
City-State-Zip: ST. PETERSBURG FL 33703

Title MANAGER  
Name LOCICERO, THOMAS M  
Address 5435 DR. M.L. KING ST. N.  
City-State-Zip: ST. PETERSBURG FL 33703

*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 ADAIR

MANAGER

04/27/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date