

2014 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:**GALIPAULT, BRITT
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:** BRITT GALIPAULT

01/08/2014

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

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

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

Title	MGRM
Name	GALIPAULT, BRITT W
Address	5435 DR. M.L. KING ST. N.
City-State-Zip:	ST. PETERSBURG FL 33703

Title	AUTHORIZED MEMBER
Name	JOHN L. WALLACE TRUST, BY JACKIE L. WALLACE, TRUSTEE
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: BRITT GALIPAULT**MANAGING MEMBER**

01/08/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date