

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000041619

Entity Name: WCS, LLC

FILED
Mar 19, 2009
Secretary of State

Current Principal Place of Business:

104 MIRACLE STRIP PARKWAY
FORT WALTON BEACH, FL 32548

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 1900
FORT WALTON BEACH, FL 32549

New Mailing Address:

FEI Number: 20-0383813

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PAGLIARI, EMIL
1526 HERITAGE ROAD
FORT WALTON BEACH, FL 32547 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SALVATORE, DANIEL
Address: P.O. BOX 1900
City-St-Zip: FORT WALTON BEACH, FL 32549

Title: MGRM () Delete
Name: PAGLIARI, DANIAL
Address: P.O. BOX 1900
City-St-Zip: FORT WALTON BEACH, FL 32549

Title: MGRM () Delete
Name: PAGLIARI, EMIL
Address: P.O. BOX 1900
City-St-Zip: FORT WALTON BEACH, FL 32549

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: EMIL PAGLIARI

MGRM

03/19/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date