

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000041619

Entity Name: WCS, LLC

**FILED**  
**Feb 16, 2011**  
**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  
Name: SALVATORE, DANIEL  
Address: P.O. BOX 1900  
City-St-Zip: FORT WALTON BEACH, FL 32549

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

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

I hereby 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

02/16/2011

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