# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Jan 10, 2005**
**Secretary of State**

DOCUMENT# L03000054277

**Entity Name:** WAFC, LLC

**Current Principal Place of Business:**

530 E. ALVERDEZ AVE
CLEWISTON, FL 33440

**New Principal Place of Business:**

**Current Mailing Address:**

530 E. ALVERDEZ AVE
CLEWISTON, FL 33440

**New Mailing Address:**

10144 SEAGRAPE WAY
PALM BEACH GARDENS, FL 33418

**FEI Number:** **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

JOHNSON, JAMES M
10144 SEAGRAPE WAY
PALM BEACH GARDENS, FL 33418 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/MEMBERS:**

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Change (X) Addition
Name: CASTELLANOS, ROBERT L
Address: 234 WEST CIRCLE DRIVE
City-St-Zip: CLEWISTON, FL 33440

Title: MGRM ( ) Change (X) Addition
Name: JOHNSON, JAMES M
Address: 10144 SEAGRAPE WAY
City-St-Zip: PALM BEACH GARDENS, FL 33418

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JAMES M. JOHNSON MGRM 01/10/2005

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