

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 06, 2006 8:00 am**  
**Secretary of State**

04-06-2006 90299 017 \*\*\*\*50.00

DOCUMENT # L04000082887

1. Entity Name  
WCAC INVESTMENT GROUP, LLC



Principal Place of Business  
1551 VIA TUSCANY -  
WINTER PARK, FL 32789

Mailing Address  
1551 VIA TUSCANY  
WINTER PARK, FL 32789

2. Principal Place of Business

3. Mailing Address

P.O. Box 1347

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04042006

Chg-LLC

CR2E083 (11/05)

City & State

City & State

Geneva FL

4. FEI Number

04-3799978

Applied For

Not Applicable

Zip

Country

Zip

32732

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HARDING, ROBERT L ESQ.L  
20 NORTH EOLA DRIVE  
ORLANDO, FL 32801

Name

Andrea L Guyer

Street Address (P.O. Box Number is Not Acceptable)

285 Snow Hill Road

City

Geneva

FL

Zip Code

32732

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/4/06

DATE

Filing Fee is \$50.00  
Due by May 1, 2006

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
GUYER, ANDREA L  
P.O. BOX 1347  
GENEVA, FL 32732 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/4/06

407-349-2248

Date

Daytime Phone #