


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 APR 25 AM 10:47

DOCUMENT # L05000070393	
1. Entity Name WFC, LLC	

Principal Place of Business 9350 CONROY WINDERMERE ROAD WINDERMERE, FL 34786 US	Mailing Address 9350 CONROY WINDERMERE ROAD WINDERMERE, FL 34786 US
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DO NOT WRITE IN THIS SPACE



03312008 No Chg-LLC CR2E083 (12/07)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

CORPDIRECT AGENTS, INC.
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

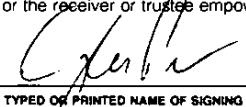
FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

200125292752
04/23/08--01026--005 **3965.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM TAVISTOCK CORPORATION 9350 CONROY WINDERMERE ROAD WINDERMERE, FL 34786
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P THAKKAR, RASESH 9350 CONROY WINDERMERE ROAD WINDERMERE, FL 34786
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V PIERCY, TYLER 9350 CONROY WINDERMERE ROAD WINDERMERE, FL 34786
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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:  **Tyler Piercy** 4/14/08 407-909-9000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #