

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000115365

**FILED**  
**Aug 11, 2012**  
**Secretary of State**

**Entity Name:** WALLACE ASSOCIATES L.L.C.

**Current Principal Place of Business:**

2559 CENTENNIAL FALCON DRIVE  
VALRICO, FL 33596

**New Principal Place of Business:**

**Current Mailing Address:**

2559 CENTENNIAL FALCON DRIVE  
VALRICO, FL 33596

**New Mailing Address:**

**FEI Number:** 16-1746388

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WALLACE, RAYMOND K  
2559 CENTENNIAL FALCON DRIVE  
VALRICO, FL 33596 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:** WALLACE, RAYMOND K  
**Address:** 2559 CENTENNIAL FALCON DRIVE  
**City-St-Zip:** VALRICO, FL 33596

**Title:** MGRM  
**Name:** WALLACE, NANCY E  
**Address:** 2559 CENTENNIAL FALCON DRIVE  
**City-St-Zip:** VALRICO, FL 33596

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: RAYMOND WALLACE

MGRM

08/11/2012

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