

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000036608

Entity Name: WCS, LLC

FILED  
Apr 29, 2009  
Secretary of State

**Current Principal Place of Business:**

11277 U.S. HIGHWAY 331 SOUTH  
FREEPORT, FL 32439

**New Principal Place of Business:**

**Current Mailing Address:**

11277 U.S. HIGHWAY 331 SOUTH  
FREEPORT, FL 32439

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

CHANDLER, EDDIE  
2952 PINE VALLEY DRIVE  
SANDESTIN, FL 325507837 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 ( ) Delete  
Name: CHANDLER, EDDIE  
Address: 2952 PINE VALLEY DRIVE  
City-St-Zip: SANDESTIN, FL 32550

Title: MGRM ( ) Delete  
Name: CHANDLER, SHARRON  
Address: 2952 PINE VALLEY DRIVE  
City-St-Zip: SANDESTIN, FL 32550

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: EDDIE CHANDLER

MGRM

04/29/2009

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