

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000121703

Entity Name: WSC HOLDINGS, LLC

FILED
Feb 02, 2009
Secretary of State

Current Principal Place of Business:

18 NORTH BEACH ROAD
HOBE SOUND, FL 33455

New Principal Place of Business:

Current Mailing Address:

505 S. FLAGLER DRIVE STE 1100
WEST PALM BEACH, FL 33401

New Mailing Address:

15 RED COAT PASS
DARIEN, CT 06820

FEI Number: 20-8091670

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES FOSTER SERVICE, LLC
505 SOUTH FLAGLER DRIVE STE 1100
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

JONES FOSTER SERVICE, LLC
505 SOUTH FLAGLER DRIVE
SUITE 1100
WEST PALM BEACH, FL 33401 US

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: THORNTON M. HENRY

02/02/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CHESWICK WILSON, CAROL
Address: 15 RED COAT PASS
City-St-Zip: DARIEN, CT 06820 US

Title: MGRM () Delete
Name: CHESWICK BREWE, SUSAN
Address: 98 RIDGE ACRES
City-St-Zip: DARIEN, CT 06820 US

Title: MGRM () Delete
Name: CHESWICK, WILLIAM R
Address: 93 MINE MOUNT ROAD
City-St-Zip: BERNARDSVILLE, NJ 07924

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: CHESWICK BREWER, SUSAN
Address: 98 RIDGE ACRES
City-St-Zip: DARIEN, CT 06820 US

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: CAROL CHESWICK WILSON

MGRM

02/02/2009

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