

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2008 8:00 am
Secretary of State

04-22-2008 90096 025 ***138.75

DOCUMENT # L07000026481			
1. Entity Name WCOFC, LLC			
Principal Place of Business 599 NW 82ND AVE PLANTATION, FL 33324		Mailing Address PO BOX 15697 PLANTATION, FL 33318-5697	
2. Principal Place of Business - No P.O. Box # 100 SE 3rd Ave.		3. Mailing Address 100 SE 3rd Ave.	
Suite, Apt. #, etc. Suite 102		Suite, Apt. #, etc. Suite 102	
City & State Ft. Laud., FL		City & State Ft. Laud., FL	
Zip 33394	Country	Zip 33394	Country
6. Name and Address of Current Registered Agent DOUGLAS, STEPHEN M 599 NW 82ND AVE PLANTATION, FL 33324		7. Name and Address of New Registered Agent Name: Stephen M. Douglas Street Address (P.O. Box Number is Not Acceptable): 100 SE 3rd Ave. Suite 102 City: Ft. Lauderdale FL Zip Code: 33394	
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: 4/16/08 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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:		Date: 4/16/08 Daytime Phone #: 954-727-0330	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			

60026676



04162008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-9600508 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required