

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000102037

Entity Name: W.C.L. SERVICES L.L.C.

FILED  
Jul 10, 2009  
Secretary of State

**Current Principal Place of Business:**

860 PALMETTO DR.  
PORT CHARLOTTE, FL 33952

**New Principal Place of Business:**

**Current Mailing Address:**

860 PALMETTO DR.  
PORT CHARLOTTE, FL 33952

**New Mailing Address:**

FEI Number: 61-1572757      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

MIHALY, AUER  
860 PALMETTO DR.  
PORT CHARLOTTE, FL 33952      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: AUER, MIHALY SR.  
Address: 860 PALMETTO DR.  
City-St-Zip: PORT CHARLOTTE, FL 33952 US

Title: MGRM ( ) Delete  
Name: HINTON, ERETT SR.  
Address: 4226 TALHEIM DR.  
City-St-Zip: PORT CHARLOTTE, FL 33952 US

**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: ERETT HINTON

MGMR

07/10/2009

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