## 119000057279

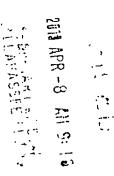
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## COVER LETTER

TO: Registration Section Division of Corporations			;
WC Pasco Holdings, LLC			
SUBJECT: Name of L	imited Liability Comp	pany	- %
		3/2	
Dear Sir or Madam:			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
The enclosed Statement of Authority and fee(s) are	e submitted for filing.	•	
Please return all correspondence concerning this m	natter to the following	:	
Joseph J. Dehner			2013 APR-8 AH 9: 13
Name of Person			
Frost Brown Todd LLC			
Firm/Company	<del></del>		
3300 Great American Tower, 301 E. I	ourth Street		
Address			
Cincinnati, Ohio 45202			
City/State and Zip Code			
dwight.ott@tlcmgmt.com			
E-mail address: (to be used for future and	nual report notification	n)	
For further information concerning this matter, ple	ease call:		
Joseph J. Dehner	513	651-6949	
Name of Person	Area Code	Daytime Telephone Number	_
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	Registra Division P.O. Box	NG ADDRESS: tion Section of Corporations c 6327 see, Florida 32314	

Tallahassee, Florida 32301

## STATEMENT OF AUTHORITY

Pursuant to se authority:	ection 6	605.0302(1). Florid	la Statutes, this limit	ed liability cor	npany submits the	following sta	tement of
FIRST: The	name (	of the limited liabil	lity company is: W	C Pasco Ho	oldings, LLC		<del></del>
SECOND: T	he Flo	rida Document Nu	mber of the limited l	liability compa	ny is: L190000	57279	
THIRD: The	street	address of the limi	ited liability compan d, Suite 300, Ma	y's principal o	ffice is:		2813 HPR -8
		-	imited liability comp I, Suite 300, Ma	• •			13.
position of a p person on the	erson i follow	in a company, whe ing: :ecute an instrumer	grants or sets limitather as a member, transferring real party L. Ott, Dwight	ansferee, mana roperty held in	ger, officer or other	erwise or to a	itus or specific
	b.	No authority gran	nted to: Not Appl	icable		<u> </u>	
2.	May ei a.		sactions on behalf of ary L. Ott, Dwig			company.	
	b.	No authority gran	nted to: Not Appli	icable			
		Sh		J	oseph J. Dehr	ner	
Signatu <b>re</b> lof a	nthoriz	ed representative	Filing Fee: Certified Cop	\$25.00	Typed or printed n	ame of signat	ure