L99000007407

(Re	questor's Name)	
(Ad	ldress)	
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	
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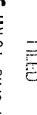
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COVER LETTER

TO: Registration Se Division of Cor	rporations			
SUBJECT:	MC FLORIDA, LLC			
· -	(Name of	Limited Liability	(Company)	
Dear Sir or Madam:				
The enclosed Registere	ed Agent/Registered (Office Change ar	nd fee(s) are sub	mitted for filing.
Please return all corres	pondence concerning	this matter to th	e following:	
David N. Shafer				
	Name of Person)			
WNC & Associates,	Inc.			
O O	Firm/Company)			
17782 Sky Park Cir	cle			
	(Address)			
Irvine, CA 92614-64	04			
(City/	State and Zip Code)	-,		
For further information	concerning this metter	r sleece call:		
	concerning and made	a, prease can:		
Tamara J. Horton		at (714)	662-5565	(x153) ime Telephone Nur
(Name of	Person)	(Ar	ea Code & Dayi	ime Telephone Nur
STREET/COURT		MAILING ADDRESS:		
Registration Section		Registration Section		
Division of Corpor	rations	Division of Corporations		
Clifton Building 2661 Executive Ce	inter Cintle	P.O. Box 6327 Taliahassee, Florida 32314		
Tailahassee, Florid		T STINITE	isec, rjorica 5231	•
Exclosed is a circ	eck for the following	amount:		
X€_±8/\		4	i v a c	ifind Com.
25 Filing Fee		333 Fi	ling Fee & Cert	med Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provision liability company submit agent, or both, in the Sta	ons of sections 6 ts the following s te of Florida.	08,416 or 608. tatement in ord	508, Florida Statutes, the ler to change its registeri	t undersigned i id office or regi	istered	
1. The name of the limit	ed liability compr	any is: WNC	Florida, LLC			
2. The mailing address of	of the limited liabi	ility company is	: 17782 Sky Park C	ircle		
Irvine, CA 92614	-6404					
November 04, 1999			L990000007467	,		
			4. Document number	it number		
5. The name of the regist Florida Department of		e registered offi	ce address as shown on th	e records of the	!	
· · · · · · · · · · · · · · · · · · ·		Company of M	iami			
	***	Name				
	201 South 1	Biscayne Blv Address	<u>d</u>			
	Miami, FL	33131				
		City, State and	•	~~4	(3	
6. The name and address	of the new registe	red agent and/o	or office:	ALC ALC	%	
Olsen Securities Corporation			ration			
	5292 Guadal	upe Blvd.		2	5 JAN 31	
			x NOT acceptable)	F (<u></u>	
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	Wimauma	ity, State and Z	33598 ip		Ξ,	
confirmed that after the cl and the business office of iability company, it is her	the registered age reby confirmed the nited liability come t of the limited liability	are made, the Fent will be ident at the change(s) pany or as othe ability company	laws of the State of Florid lorida street address of the ical. Or, in the case of a l was/were authorized by a rwise provided in the artic	registered offic Florida limited an affirmative v	ote	
David Shafer			_			
	niment as registers of all statules rel cocept the oblige ins document is be that the limited lid	ed agent and a lative to the pro ations of my pos ring filed to men ability company	eree to act in this capacity per and complete perform lition as registered agent rely reflect a change in the has been notified in writi	i. I further agre sance of my duti as provided for registered offic ng of this chang	e to les, in ce je.	
	of Corporations	s, P.O. Box 632 LING FEE: \$2	27, Tallahassee, FL 3231 5.90	4		
H518 (\$/05)						