

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L99000007467

Entity Name: WNC FLORIDA, LLC

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

17782 SKY PARK CIRCLE  
IRVINE, CA 926146404

**New Principal Place of Business:**

**Current Mailing Address:**

17782 SKY PARK CIRCLE  
IRVINE, CA 926146404

**New Mailing Address:**

FEI Number: 33-0904380

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

B&C CORPORATE SERVICES OF CENTRAL FL, INC.  
390 NORTH ORANGE AVE., STE 1400  
ORLANDO, FL 32801 US

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

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  
Name: WNC & ASSOCIATES, INC.  
Address: 17782 SKY PARK CIRCLE  
City-St-Zip: IRVINE, CA 92614 64

I hereby 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: DAVID SHAFER

VP

04/29/2011

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