

M01000001016 ✓

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

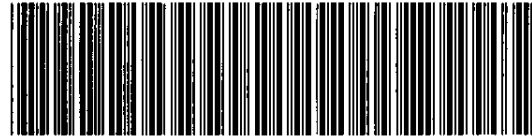
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA
STATE

B. BOSTICK
SEP 14 2011
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WILCOHESS, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed Affidavit by Foreign Limited Liability Company to Change Manager(s) or Managing Member(s) and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOHN R. PERKINSON, JR.
Name of Person

PERKINSON LAW, PLLC
Firm/Company

4622 COUNTRY CLUB ROAD, SUITE 270
Address

WINSTON-SALEM, NC 27104
City/State and Zip Code

paul@perkinsonlawpllc.com
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

For further information concerning this matter, please call:

JOHN R. PERKINSON, JR. at (336) 794-6002
Name of Person Area Code and Daytime Telephone Number

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- \$25 Filing Fee
- \$30 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy
- \$60 Filing Fee, Certificate of Status & Certified Copy

**AFFIDAVIT BY FOREIGN LIMITED LIABILITY COMPANY
TO CHANGE MANAGER(S) OR MANAGING MEMBER(S)**

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: WILCOHESS, LLC

2. This entity was formed under the laws of: DELAWARE

3. This entity was authorized to transact business in Florida on 5/4/2001
and its Florida document/registration number is M01000001016

4. The name and address of each manager or managing member is as follows:

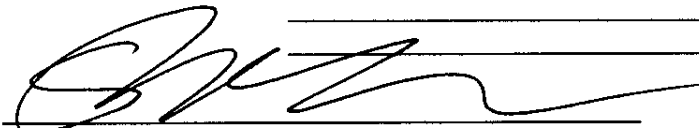
Title:
"MGR" = Manager
"MGRM" = Managing Member

Name and Address:

MGR

STEPHEN T. WILLIAMS
5446 UNIVERSITY PARKWAY
WINSTON-SALEM, NC 27105

Required Signature: _____


Signature of Manager, Managing Member or Member

Filing Fee: \$25

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