

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # M02000003101

1. Entity Name
WESCO REAL ESTATE III, LLC



Principal Place of Business
2325 B RENAISSANCE DR., STE 10
LAS VEGAS, NV 89119

Mailing Address
225 WEST STATION SQ DR., STE 700
PITTSBURGH, PA 15219

FILED

07 MAY 09 AM 11:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04202007 No Chg-LLC

CR2E083 (11/05)

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4. FEI Number
14-1855122

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRAILER, DANIEL A 225 W. STATION SQUARE DR., STE. 700 PITTSBURGH, PA 15219
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VAN OSS, STEPHEN A 225 W. STATION SQUARE DR., STE. 700 PITTSBURGH, PA 15219
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR THALMAN, WILLIAM 225 W. STATION SQUARE DR., STE. 700 PITTSBURGH, PA 15219
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TILLMAN, CARRIE L 103 FOULK RD., STE. 200 WILMINGTON, DE 19803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TUSSIE, CHERYL GREGGO 103 FOULK ROAD, STE. 200 WILMINGTON, DE 19803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FUCHS, DONALD J 225 W. STATION SQUARE DR. STE 700 PITTSBURGH, PA 15219

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05/23/07--01003--024 **250.00

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IN THIS SPACE**

K. Eckel MAY 16 2007

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #