2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000062488

Entity Name: WSF RECEIVABLES I, LLC

Current Principal Place of Business:

777 108TH AVE NE **SUITE 1200**

BELLEVUE, WA 98004-5135

Current Mailing Address:

PO BOX 34690

SEATTLE, WA 98124-1690 US

FEI Number: 26-1099574 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

NRAI SERVICES, INC 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US

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:

City-State-Zip:

Electronic Signature of Registered Agent

Date

FILED Apr 20, 2020

Secretary of State

7470088901CC

Authorized Person(s) Detail:

Title MANAGER, ASST. SECRETARY Title MANAGER, PRESIDENT MURPHY, COLLEEN M Name Name BALKOVETZ, CHANTEL Address 777 108TH AVE NE

777 108TH AVE NE Address **SUITE 1200**

SUITE 1200

BELLEVUE WA 98004-5135 City-State-Zip: BELLEVUE WA 98004-5135 City-State-Zip:

VΡ Title Title AVP

Name BAKER, STEPHEN R Name SAUL, MICHAEL D Address 777 108TH AVE NE Address 777 108TH AVE NE

SUITE 1200 SUITE 1200

BELLEVUE WA 98004-5135 BELLEVUE WA 98004-5135 City-State-Zip:

Title **SECRETARY** Title ASST. SECRETARY BODMER, JULIE M VENEZIANI, JACQUELINE M Name Name Address 777 108TH AVE NE Address 777 108TH AVE NE

SUITE 1200 SUITE 1200

BELLEVUE WA 98004-5135 City-State-Zip: City-State-Zip: BELLEVUE WA 98004-5135

Title ASST. TREASURER Title ASSISTANT VICE PRESIDENT

GRUBER, ROSALIND J Name PESSOA, MELISSA Name Address 777 108TH AVE NE Address 777 108TH AVE NE

SUITE 1200 SUITE 1200

BELLEVUE WA 98004-5135 BELLEVUE WA 98004-5135 City-State-Zip: City-State-Zip:

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CHANTEL BALKOVETZ

PRESIDENT

04/20/2020