

**2023 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:**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MANAGER, TREASURER  
Name MURPHY, COLLEEN M  
Address 777 108TH AVE NE  
SUITE 1200  
City-State-Zip: BELLEVUE WA 98004-5135

Title MANAGER, PRESIDENT  
Name BALKOVETZ, CHANTEL  
Address 777 108TH AVE NE  
SUITE 1200  
City-State-Zip: BELLEVUE WA 98004-5135

Title VP  
Name NORBERG, KRISTIN R  
Address 777 108TH AVE NE  
SUITE 1200  
City-State-Zip: BELLEVUE WA 98004-5135

Title SECRETARY  
Name VENEZIANI, JACQUELINE M  
Address 777 108TH AVE NE  
SUITE 1200  
City-State-Zip: BELLEVUE WA 98004-5135

Title ASST. SECRETARY  
Name BODMER, JULIE M  
Address 777 108TH AVE NE  
SUITE 1200  
City-State-Zip: BELLEVUE WA 98004-5135

Title ASST. TREASURER  
Name CHADWICK, MELISSA  
Address 777 108TH AVE NE  
SUITE 1200  
City-State-Zip: BELLEVUE WA 98004-5135

Title ASST. TREASURER  
Name HANSEN JR, STEWART  
Address 777 108TH AVE NE  
SUITE 1200  
City-State-Zip: BELLEVUE WA 98004-5135

Title VP  
Name FIECHTNER, KELLI  
Address 777 108TH AVE NE  
SUITE 1200  
City-State-Zip: BELLEVUE WA 98004-5135

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*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

04/06/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date

**Authorized Person(s) Detail Continued :**

Title ASST. TREASURER  
Name DOW, SHANEN  
Address 777 108TH AVE NE  
SUITE 1200  
City-State-Zip: BELLEVUE WA 98004-5135