

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000037125

**Entity Name:** WJMP LLC

**Current Principal Place of Business:**

11555 CENTRAL PARKWAY  
803  
JACKSONVILLE, FL 32224

**Current Mailing Address:**

11555 CENTRAL PARKWAY  
704  
JACKSONVILLE, FL 32224

**FEI Number:** 20-1294881

**Certificate of Status Desired:** No

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

MAZAR, JODI  
11555 CENTRAL PARKWAY SUITE  
803  
JACKSONVILLE, FL 32224 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           MGR  
Name           MAZAR, JODI  
Address        11555 CENTRAL PKY  
                  #803  
City-State-Zip: JAX FL 32224

*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:** JODI L MAZAR

MGR

02/25/2014

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date