

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000071920

**Entity Name:** WILKAMY, LLC

**Current Principal Place of Business:**

725 MOORE AVE  
JACKSONVILLE, FL 32208

**Current Mailing Address:**

725 MOORE AVE  
JACKSONVILLE, FL 32208

**FEI Number:** 81-2479527

**Certificate of Status Desired:** No

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

WILKERSON, JARED M  
725 MOORE AVE  
JACKSONVILLE, FL 32208 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 WILKERSON, AMY A  
Address 725 MOORE AVE  
City-State-Zip: JACKSONVILLE FL 32208

Title AMBR  
Name WILKERSON, JARED M ESQ.  
Address 725 MOORE AVE  
City-State-Zip: JACKSONVILLE FL 32208

*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:** JARED M. WILKERSON

AMBR/REGISTERED  
AGENT

01/20/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date