

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90048 017 ****55.00

DOCUMENT # L03000032309

1. Entity Name
JWH, L.L.C.



Principal Place of Business
30395 NW 72ND AVE.
OKEECHOBEE, FL 34973

Mailing Address
P.O. BOX 370
OKEECHOBEE, FL 34973-0370

20020859



2. Principal Place of Business

3. Mailing Address

30395 NW 72nd Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03062006 Chg-LLC CR2E083 (11/05)

City & State

City & State

Okeechobee, FL

4. FEI Number
20-0251267

Applied For
Not Applicable

Zip

Country

Zip

Country

34972

US

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HOLCOMB, JOHN W JR
31895 NW 72ND AVE
OKEECHOBEE, FL 34972

7. Name and Address of New Registered Agent

Name Holcomb, John W Jr.
Street Address (P.O. Box Number is Not Acceptable)
30494 NW 72nd Ave

City Okeechobee, FL Zip Code 34972

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, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME HOLCOMB, JOHN W JR
STREET ADDRESS P O BOX 370 30395 NW 72ND AVE
CITY-ST-ZIP OKEECHOBEE, FL 34973

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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]

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

3/20/06

Date

863-467-6565

Daytime Phone #