

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 11, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000034646

1. Entity Name
J.M. WATERBURY & CO., LLC



Principal Place of Business
150 SECOND AVE. NORTH
SUITE 770
ST. PETERSBURG, FL 33701

Mailing Address
150 SECOND AVE. NORTH
SUITE 770
ST. PETERSBURG, FL 33701



01092008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-3774184

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WATERBURY, JOSEPH M
150 SECOND AVENUE NORTH
SUITE 770
ST. PETERSBURG, FL 33701

**DO NOT WRITE
IN THIS SPACE**

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 _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME WATERBURY COMPANIES, LLC
STREET ADDRESS 150 SECOND AVE. NORTH, #770
CITY-ST-ZIP ST. PETERSBURG, FL 33701

TITLE MGRM
NAME WATERBURY, JOSEPH M
STREET ADDRESS 150 SECOND AVE. NORTH, #770
CITY-ST-ZIP ST. PETERSBURG, FL 33701

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

U00000780309
01/14/08-80016-021:138.75

**DO NOT WRITE
IN THIS SPACE**

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

Date

Daytime Phone #

1-9-2008

727-823-6345