

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90036 013 ****50.00

DOCUMENT # L03000038072

1. Entity Name
WJBJ ENTERPRISES, LLC



Principal Place of Business
11036 AVALON RIDGE WAY
WINTER GARDEN, FL 34787 US

Mailing Address
11036 AVALON RIDGE WAY
WINTER GARDEN, FL 34787 US

20056820



DO NOT WRITE IN THIS SPACE

04272005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
20-0288103

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

JOHNSTON, DARWIN B II
11036 AVALON RIDGE WAY
WINTER GARDEN, FL 34787

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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

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
JOHNSTON, DARWIN B II
11036 AVALON RIDGE WAY
WINTER GARDEN, FL 34787

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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CITY - ST - ZIP

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 #

DARWIN B. JOHNSTON II 4-27-05

863-207-2498