

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000038538

1. Entity Name
J & W CLERMONT, L.L.C.



FILED
08 MAY -9 PM 1:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1635 E. HIGHWAY 50, SUITE 300
CLERMONT, FL 34711

Mailing Address
1635 E. HIGHWAY 50, SUITE 300
CLERMONT, FL 34711



2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

04252008 Chg-LLC CR2E083 (12/06)

City & State
Zip Country

City & State
Zip Country

4. FEI Number
83-0373642

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
BOYETTE, WADE
1635 E. HIGHWAY 50, SUITE 300
CLERMONT, FL 34711

7. Name and Address of New Registered Agent
Name
Anita R. Geraci Esq.
Street Address (P.O. Box Number is Not Acceptable)
Law office of Anita R. Geraci PA
1560 Bloxam Avenue
City
Clermont FL Zip Code
34711

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 Anita R. Geraci DATE 04-25-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STRINGFELLOW, JAYSON 1635 E. HIGHWAY 50, SUITE 300 CLERMONT, FL 34711 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BOYETTE, WADE 1635 E. HIGHWAY 50, SUITE 300 CLERMONT, FL 34711 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900129219139 05/13/08--01028--031 **138.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

4/5/08

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: Jayson A Stringfellow DATE 4-25-08 DAYTIME PHONE # 352 267 1104
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE