# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**May 16, 2008**
**Secretary of State**

DOCUMENT# L03000056177

**Entity Name:** J.D. WILSON, LLC.

**Current Principal Place of Business:**

2108 NE 45TH STREET
OCALA, FL 34479

**New Principal Place of Business:**

**Current Mailing Address:**

2108 NE 45TH STREET
OCALA, FL 34479

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
**In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.**

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

WILSON, JIMMIE
2108 NE 45TH STREET
OCALA, FL 34479 US

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

WILSON, JIMMIE D
2108 NE 45TH STREET
OCALA, FL 34479 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: JIMMIE D. WILSON 05/16/2008
Electronic Signature of Registered Agent Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete
Name: WILSON, JIMMIE D
Address: 2108 NE 45TH STREET
City-St-Zip: OCALA, FL 34479

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: JIMMIE D. WILSON MGRM 05/16/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date