

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

DOCUMENT # L04000022070

1. Entity Name

WJL FINANCIAL SERVICES, L.L.C.



Principal Place of Business

7801 S.W. 6TH COURT  
PLANTATION, FL 33324

Mailing Address

7801 S.W. 6TH COURT  
PLANTATION, FL 33324

**FILED**

08 FEB 18 AM 10:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01112008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
52-2441263

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

WEINBERG, STEVEN A ESQ  
C/O FRANK, WEINBERG & BLACK, P.L.  
7805 S.W. 6TH COURT  
PLANTATION, FL 33324

**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
LEON, WILLIAM J  
7801 S.W. 6TH COURT  
PLANTATION, FL 33324

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
LEON, JANICE L  
7801 S.W. 6TH COURT  
PLANTATION, FL 33324

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

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**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 #

1/18/08

954-424-9008