

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90141 006 ****50.00

DOCUMENT # L04000062795

1. Entity Name
JASON WESSINGER CONSTRUCTION, LLC



Principal Place of Business
**2660 BALDWIN DR. SOUTH
TALLAHASSEE, FL 32309**

Mailing Address
**2660 BALDWIN DR. SOUTH
TALLAHASSEE, FL 32309**

2. Principal Place of Business
184 Finner Dr.
Suite, Apt. #, etc.

3. Mailing Address
184 Finner Dr.
Suite, Apt. #, etc.



02062006 Chg-LLC CR2E083 (11/05)

City & State
Crawfordville, FL
Zip
32327
Country
USA

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Crawfordville, FL
Zip
32327
Country
USA

4. FEI Number
20-1515951
Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**WESSINGER, JASON
2660 BALDWIN DR. SOUTH
TALLAHASSEE, FL 32309**

7. Name and Address of New Registered Agent

Name
Jason Wessinger
Street Address (P.O. Box Number is Not Acceptable)
184 Finner Dr.
City
Crawfordville **FL** Zip Code
32327

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, 2006**

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

9. MANAGING MEMBERS / MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WESSINGER, JASON 2660 BALDWIN DR. SOUTH TALLAHASSEE, FL 32309	<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
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	MGRM Jason Wessinger 184 Finner Dr. Crawfordville, FL 32327	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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

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

Jason Wessinger