

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Mar 26, 2007 08:00 AM  
Secretary of State**

**DOCUMENT # L04000062795**

1. Entity Name  
**JASON WESSINGER CONSTRUCTION, LLC**



Principal Place of Business  
**184 FINNER DR  
CRAWFORDVILLE, FL 32327**

Mailing Address  
**184 FINNER DR  
CRAWFORDVILLE, FL 32327**

**DO NOT WRITE IN THIS SPACE**



03222007 No Chg-LLC

CR2E083 (11/05)

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  
184 FINNER DRIVE  
CRAWFORDVILLE, FL 32327**

**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 \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM WESSINGER, JASON 184 FINNER DR CRAWFORDVILLE, FL 32327</b>
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04/03/07-80036-010 50.00

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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*  
3/22/07