

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L04000063134

1. Entity Name

J & W INVESTMENTS OF BREVARD, LLC



**FILED**  
**Sep 03, 2008 08:00 AM**  
**Secretary of State**



Principal Place of Business

1008 ORANGE WOODS BLVD  
ROCKLEDGE FL 32955  
US

Mailing Address

1008 ORANGE WOODS BLVD  
ROCKLEDGE FL 32955  
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 20-1539777

Applied For  
Not Applicable

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

2nd MOORE CR2E083 (4/08)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WEATHERFORD, HURDEE  
1008 ORANGE WOODS BLVD  
ROCKLEDGE FL 32955

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

*Montine Johnson* Aug 25, 2008

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$538.75**  
**Make Check Payable to Florida Department of State**  
**Due By September 3, 2008**

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the limited liability company certifies it did not receive prior notice. Fee to file is \$138.75 ☐

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete  
NAME WEATHERFORD, HURDEE  
STREET ADDRESS 1008 ORANGE WOODS BLVD  
CITY-ST-ZIP ROCKLEDGE FL 32955

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGRM ☐ Delete  
NAME JOHNSON, MONTINE  
STREET ADDRESS 1008 ORANGE WOODS BLVD  
CITY-ST-ZIP ROCKLEDGE FL 32955

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Montine Johnson*

*Aug 25, 2008*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #