

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000069400

1. Entity Name
J.W. PITTS, L.L.C.



FILED
Jul 19, 2006 08:00 AM
Secretary of State

Principal Place of Business

3653 REGENT BLVD.
SUITE 106
JACKSONVILLE, FL 32224 US

Mailing Address

3653 REGENT BLVD.
SUITE 106
JACKSONVILLE, FL 32224



06272006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1655469

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WALKER, JAMES V ESQ
228 PONTE VEDRA PARK DRIVE, STE. 200
PONTE VEDRA BEACH, FL 32082

**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 September 6, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PITTS, JACK W JR 3653 REGENT BLVD. JACKSONVILLE, FL 32224
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07/19/06-80011-015 50.00

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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 #