

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 23, 2007 08:00 A
Secretary of State

DOCUMENT # L04000082078

1. Entity Name
WAYNE JUDY ENTERPRISES, LLC



Principal Place of Business
**8175 ABINGDON COURT
UNIVERSITY PARK, FL 34201**

Mailing Address
**8175 ABINGDON COURT
UNIVERSITY PARK, FL 34201**



05192007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
02-0733321

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**OLIVER, JOHN D
C/O ICARD, MERRILL, CULLIS, ET AL
2033 MAIN STREET, SUITE 600
SARASOTA, FL 34237**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by September 14, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRES
JUDY, LESLIE W
8175 ABINGDON CT
UNIVERSITY PARK, FL 34201**

TITLE
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CITY-ST-ZIP

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U000000765260
05/31/07-80032-003 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.

Leslie Wayne Judy
SIGNATURE: LESLIE WAYNE JUDY

May 18, 2007
Date

941-351-9775
Daytime Phone #

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