

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 22, 2006 8:00 am
Secretary of State

08-22-2006 90007 049 ****50.00

DOCUMENT # L05000012906

1. Entity Name
JW CONSTRUCTION SERVICES, L.L.C.



Principal Place of Business
152 HIGHWAY 73
MARIANNA, FL 32448

Mailing Address
152 HIGHWAY 73
MARIANNA, FL 32448

2. Principal Place of Business
152 Highway 73
Suite, Apt. #, etc.

3. Mailing Address
152 Highway 73
Suite, Apt. #, etc.

08082006 Chg-LLC CR2E083(11/05)

City & State
MARIANNA, FL
Zip
32448
Country
Jackson

City & State
MARIANNA, FL
Zip
32448
Country
Jackson

4. FEI Number
20-2319609

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MELTON, JASON WILLIAM
152 HIGHWAY 73
MARIANNA, FL 32448

7. Name and Address of New Registered Agent

Name
Melton Jason William
Street Address (P.O. Box Number is Not Acceptable)
152 Highway 73
City
MARIANNA, FL
Zip Code
32448

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 *Jason William Melton*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

8-18-06

Filing Fee is \$50.00
Due by September 6, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MELTON, JASON WILLIAM 152 HIGHWAY 73 MARIANNA, FL 32448	<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		<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 William Melton*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

8-18-06 850 762-
8512