

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90344 006 ****55.00

DOCUMENT # L05000047226

1. Entity Name
JOHN W. WILSON, LLC



Principal Place of Business
**1930 DOFFER LANE
 NORTH PALM BEACH, FL 33408**

Mailing Address
**1930 DOFFER LANE
 NORTH PALM BEACH, FL 33408**

60036821



2. Principal Place of Business - No P.O. Box #
2115 Donald Ave

3. Mailing Address
2115 Donald Ave

Suite, Apt. #, etc.
 Suite, Apt. #, etc.

04042007 Chg-LLC CR2E083 (12/06)

City & State
Ft Pierce FL

City & State
Ft Pierce FL

Zip Country
34946 USA

Zip Country
34946 USA

4. FEI Number
20-3054065

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**WILSON, JOHN W
 1930 DOFFER LANE
 NORTH PALM BEACH, FL 33408**

7. Name and Address of New Registered Agent

Name **John W. Wilson**

Street Address (P.O. Box Number is Not Acceptable)
2115 Donald Avenue

~~Address~~

City **Ft Pierce** FL Zip Code **34946**

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 *John W. Wilson* **S. Wilson MGR** **4/7/07**

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**

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILSON, JOHN W 1930 DOFFER LANE 2115 Donald Ave Ft Pierce, FL 34946 NORTH PALM BEACH, FL 33408 <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	MGR Sharon D. Wilson 2115 Donald Avenue Ft Pierce FL 34946 <input type="checkbox"/> Change <input checked="" 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
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: *John W. Wilson* **4/7/07** **772-429-1249**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #