

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000047226

Entity Name: JOHN W. WILSON, LLC

**FILED**  
**Apr 18, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

2115 DONALD AVE  
FORT PIERCE, FL 34946

**New Principal Place of Business:**

**Current Mailing Address:**

2115 DONALD AVE  
FORT PIERCE, FL 34946

**New Mailing Address:**

FEI Number: 20-3054065

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WILSON, JOHN W  
2115 DONALD AVE  
FORT PIERCE, FL 34946 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: WILSON, JOHN W  
Address: 2115 DONALD AVE  
City-St-Zip: FORT PIERCE, FL 34946

Title: MGRM  
Name: WILSON, SHARON D  
Address: 2115 DONALD AVE  
City-St-Zip: FORT PIERCE, FL 34946

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: SHARON WILSON

MGRM

04/18/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date