

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000054259

**Entity Name:** WJA CONSULTANTS, LLC

**FILED**  
**Jan 05, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

7431 MOTT AVE  
ORLANDO, FL 32810

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 941959  
MAITLAND, FL 327941959

**New Mailing Address:**

P.O. BOX 941959  
MAITLAND, FL 32794

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

WALLACE, JOHN D  
1106 GUERNSEY ST  
ORLANDO, FL 32804 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: WALLACE, JOHN D  
Address: P.O. BOX 941959  
City-St-Zip: MAITLAND, FL 327941959

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: JOHN D. WALLACE

MGR

01/05/2011

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