


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90011 005 \*\*\*\*50.00

<b>DOCUMENT # L05000115295</b>	
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1. Entity Name  
WJM LLC

Principal Place of Business  
10611 BAY PINES BLVD. #1  
ST. PETERSBURG, FL 33708

Mailing Address  
10611 BAY PINES BLVD. #1  
ST. PETERSBURG, FL 33708

2. Principal Place of Business  
*Same as above.*  
Suite, Apt. #, etc.

3. Mailing Address  
*Same as above*  
Suite, Apt. #, etc.



04172006 Chg-LLC CR2E083 (11/05)

City & State

City & State

4. FEI Number  
**20-3955177**

Applied For  
Not Applicable

Zip Country

Zip Country

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

## 6. Name and Address of Current Registered Agent

CROCE, JULIE L  
10611 BAY PINES BLVD. #1  
ST. PETERSBURG, FL 33708

## 7. Name and Address of New Registered Agent

Name *N/A*

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

City **FL** Zip Code

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 *Julie L. Croce*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*4-26-06*  
DATE

**Filing Fee is \$50.00**  
**Due by May 1, 2006**

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

## 9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	CROCE, JULIE	
STREET ADDRESS	10611 BAY PINES BLVD. #1	
CITY-ST-ZIP	ST. PETERSBURG, FL 33708	

TITLE	MGR	<input type="checkbox"/> Delete
NAME	CROCE, MATTHEW	
STREET ADDRESS	10611 BAY PINES BLVD. #1	
CITY-ST-ZIP	ST. PETERSBURG, FL 33708	

TITLE	MGR	<input type="checkbox"/> Delete
NAME	ROS, WIL	
STREET ADDRESS	10611 BAY PINES BLVD. #1	
CITY-ST-ZIP	ST. PETERSBURG, FL 33708	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Julie L. Croce*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

*4-26-06 727-531-2255*  
Date Daytime Phone #