

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000116559

FILED
Aug 07, 2007
Secretary of State

Entity Name: J.W. & ASSOCIATES OF JAX, LLC

Current Principal Place of Business:

5627 ALPHA AVE
JACKSONVILLE, FL 32205

New Principal Place of Business:

Current Mailing Address:

PO BOX 40141
JACKSONVILLE, FL 32203

New Mailing Address:

PO BOX 37765
JACKSONVILLE, FL 32236

FEI Number: 20-3881102 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

WILLIAMS, JAMES L
5627 ALPHA AVE
JACKSONVILLE, FL 32205 US

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 () Delete
Name: WILLIAMS, JAMES L
Address: 5627 ALPHA AVE
City-St-Zip: JACKSONVILLE, FL 32205

Title: MGRM () Delete
Name: WILLIAMS, MONICA L
Address: 5627 ALPHA AVE
City-St-Zip: JACKSONVILLE, FL 32205

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: MONICA WILLIAMS

MGRM

08/07/2007

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