

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2007 APR 25 AM 10:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L06000001994

1. Entity Name
WJB, LLC



Principal Place of Business
2627 S. JENKINS ROAD
FT. PIERCE, FL 34981

Mailing Address
2627 S. JENKINS ROAD
FT. PIERCE, FL 34981



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04162007 Chg-LLC CR2E083 (12/06)

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SIEGEL, WILLIAM ESQ.
C/O FOX ROTHSCHILD, LLP
250 AUSTRALIAN AVE. SOUTH, SUITE 1100
WEST PALM BEACH, FL 33401

Name
HURLEY, THOMAS

Street Address (P.O. Box Number is Not Acceptable)
2627 S. JENKINS ROAD

City
FORT PIERCE FL Zip Code
34981

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

Thomas Hurley
Signature, typed or printed name of registered agent and title if applicable

CEO

(NOTE: Registered Agent signature required when reinstating)

4/17/07
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
MGR
CUSSON, JEFF
2627 S. JENKINS ROAD
FT. PIERCE, FL 34981 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
300098299889
04/24/07--01051--010 **50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
HURLEY, THOMAS
2627 S. JENKINS ROAD
FORT PIERCE, FL 34981 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
HURLEY, RICHARD E.
2627 S. JENKINS ROAD
FORT PIERCE, FL 34981 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
HURLEY, R. SCOTT
2627 S. JENKINS ROAD
FORT PIERCE, FL 34981 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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:

Thomas Hurley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Thomas Hurley

4/17/07

Date

772-595-3100

Daytime Phone #