

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Feb 06, 2008 08:00 AM  
Secretary of State**

**DOCUMENT # L06000020157**

**1. Entity Name  
JIMMY WILSON LLC**



**Principal Place of Business  
117 LIVE OAK DRIVE  
MELROSE, FL 32666**

**Mailing Address  
117 LIVE OAK DRIVE  
MELROSE, FL 32666**

**DO NOT WRITE IN THIS SPACE**



01032008No Chg-LLC

CR2E083 (12/07)

**4. FEI Number  
20-4373304**

**Applied For  
Not Applicable**

**5. Certificate of Status Desired**



**\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**WILSON, JIMMY R  
117 LIVE OAK DRIVE  
MELROSE, FL 32666**

**DO NOT WRITE  
IN THIS SPACE**

**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**

*Jimmy R. Wilson*

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

(NOTE: Registered Agent signature required when reinstating)

**2-1-2008**

DATE

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
WILSON, JIMMY R  
117 LIVE OAK DRIVE  
MELROSE, FL 32666**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**TITLE  
NAME  
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CITY-ST-ZIP**

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NAME  
STREET ADDRESS  
CITY-ST-ZIP**

000000817695  
02/15/08-80013-007 138.75

**DO NOT WRITE  
IN THIS SPACE**

**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:**

*Jimmy R. Wilson*

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

**2-1-2008**

Date

**352-475-2429**

Daytime Phone #