

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000047130

Entity Name: S J WYNKOOP LLC

FILED  
Jan 22, 2008  
Secretary of State

## Current Principal Place of Business:

119 SE 16TH AVE.  
APT I 202  
GAINESVILLE, FL 32601 US

## Current Mailing Address:

119 SE 16TH AVE.  
APT I 202  
GAINESVILLE, FL 32601 US

## New Principal Place of Business:

5500 SW ARCHER RD  
APT H 101  
GAINESVILLE, FL 32608 US

## New Mailing Address:

5500 SW ARCHER RD  
APT H 101  
GAINESVILLE, FL 32608 US

FEI Number: 20-4831678

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WYNKOOP, SAMUEL J  
119 SE 16TH AVE  
I 202  
GAINESVILLE, FL 32601 US

## Name and Address of New Registered Agent:

WYNKOOP, SAMUEL J  
5500 SW ARCHER RD  
H 101  
GAINESVILLE, FL 32608 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: SAMUEL WYNKOOP

01/22/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MR ( ) Delete  
Name: WYNKOOP, SAMUEL J OWNER  
Address: 119 SE 16TH AVE APT I 202  
City-St-Zip: GAINESVILLE, FL 32601 US

## ADDITIONS/CHANGES:

Title: MR (X) Change ( ) Addition  
Name: WYNKOOP, SAMUEL J OWNER  
Address: 5500 SW ARCHER RD  
City-St-Zip: GAINESVILLE, FL 32608 US

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: SAMUEL WYNKOOP

MR

01/22/2008

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