

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000079520

Entity Name: J&W OFF ROAD ADVENTURES LLC

FILED
Mar 23, 2009
Secretary of State

Current Principal Place of Business:

6497 SKEEN RD
LIVE OAK, FL 32060

New Principal Place of Business:

13346 U.S. HIGHWAY 90 WEST
SUITE A
LIVE OAK, FL 32060

Current Mailing Address:

6497 SKEEN RD
LIVE OAK, FL 32060

New Mailing Address:

13346 U.S. HIGHWAY 90 WEST
SUITE A
LIVE OAK, FL 32060

FEI Number: 20-5366292

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMAS, WADE
6497 SKEEN RD
LIVE OAK, FL 32060 US

Name and Address of New Registered Agent:

WHITE, JEFFERY A
13934 U.S. HIGHWAY 90 WEST
LIVE OAK, FL 32060 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: JEFFERY A. WHITE

03/23/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGMR () Delete
Name: THOMAS, WADE
Address: 6497 SKEEN RD
City-St-Zip: LIVE OAK, FL 32060

Title: MGRM (X) Delete
Name: WHITE, JEFF A
Address: 13934 US 90 WEST
City-St-Zip: LIVE OAK, FL 32060

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: WHITE, JEFFERY A
Address: 13934 U.S. HIGHWAY 90 WEST
City-St-Zip: LIVE OAK, FL 32060 US

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: JEFFERY A. WHITE

MGR

03/23/2009

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