

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000083206

**Entity Name:** WILKES & WILKES, LLC

**FILED**  
**Jan 05, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

8647 SW CTY RD 141  
JASPER, FL 32052

**New Principal Place of Business:**

**Current Mailing Address:**

8647 SW CTY RD 141  
JASPER, FL 32052

**New Mailing Address:**

**FEI Number:** 20-5430269

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WILKES, JAMES KYLE  
516 SUWANNEE AVENUE SW  
LIVE OAK, FL 32064 US

**Name and Address of New Registered Agent:**

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  
**Name:** WILKES, JAMES KYLE  
**Address:** 416 SUWANNEE AVE SW  
**City-St-Zip:** LIVE OAK, FL 32064

**Title:** MGRM  
**Name:** WILKES, JIMMIE FRANKLI  
**Address:** 8647 SW CTY RD 141  
**City-St-Zip:** JASPER, FL 32052

I hereby 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:** JAMES KYLE WILKES

MGRM

01/05/2010

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