

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90231 014 ***138.75

DOCUMENT # L06000086426

1. Entity Name
JW GLEE II, LLC



Principal Place of Business
**1424 JOHN STEINBECK DRIVE
NICEVILLE, FL 32578 US**

Mailing Address
**2732 MUIRFIELD DR.
NAVARRE, FL 32566**

60020394



2. Principal Place of Business - No P.O. Box #
4550 Hwy 20 East #D

3. Mailing Address
Suite, Apt. #, etc.

04022008 Chg-LLC CR2E083 (12/06)

City & State
Niceville FL
Zip **32578** Country **US**

City & State
Zip Country

4. FEI Number
33-1146219

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **SCHAIBLE, GLENN D**
STREET ADDRESS **1424 JOHN STEINBECK DRIVE**
CITY-ST-ZIP **NICEVILLE, FL 32578**

TITLE **MGRM** ☒ Delete
NAME **WHEELER, JOHN**
STREET ADDRESS **9591 FOX HILL CIRCLE**
CITY-ST-ZIP **SOUTH GERMANTOWN, TN 38139**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGRM** ☒ Change ☐ Addition
NAME **Schaible, Glenn D**
STREET ADDRESS **2732 Muirfield Drive**
CITY-ST-ZIP **Navarre, FL 32566**

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

TITLE **MGR** ☐ Change ☒ Addition
NAME **Schaible Lora L**
STREET ADDRESS **2732 Muirfield Drive**
CITY-ST-ZIP **Navarre, FL 32566**

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

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

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

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: Glenn Schaible 4/2/08 850-218-4076
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #