

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # L06000089807

1. Entity Name
WAYNE JACOB MASONRY, LLC



Principal Place of Business
**4179 MAXWELL BLVD.
TALLAHASSEE, FL 32305**

Mailing Address
**PO BOX 1562
WOODVILLE, FL 32362**

DO NOT WRITE IN THIS SPACE



02052008No Chg-LLC

CR2E083 (12/07)

4. FEI Number
20-8579107

Applied Fe
Not Applic

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**JACOB, WAYNE U
4179 MAXWELL BLVD.
TALLAHASSEE, FL 32305**

**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

W. Jacob

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

(NOTE: Registered Agent signature required when reinstating)

2/8/08
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 JACOB, WAYNE 4179 S. MAXWELL BLVD. TALLAHASSEE, FL 32305
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U00000817855
02/15/08-80019-011 138.75

**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.