

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L08000074495

FILED
May 22, 2009
Secretary of State**Entity Name:** WESLEY C. JOYNER & ASSOCIATES LL.C.**Current Principal Place of Business:**9316 WHITMAN LANE
PORT RICHEY, FL 34668**New Principal Place of Business:****Current Mailing Address:**9316 WHITMAN LANE
PORT RICHEY, FL 34668**New Mailing Address:****FEI Number:** 26-3099067**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**JOYNER, WESLEY C
9316 WHITMAN LANE
PORT RICHEY, FL 34668 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 () Delete
Name: JOYNER, WESLEY C
Address: 9316 WHITMAN LANE
City-St-Zip: PORT RICHEY, FL 34668 US**Title:** () Delete
Name:
Address:
City-St-Zip:**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** MGR () Change (X) Addition
Name: HAMPTON, LLOYD
Address: 9445 BEAUFORT CT
City-St-Zip: NEW PORT RICHEY, FL 34654**Title:** MGRM () Change (X) Addition
Name: ALEXANDER, CAROLE K
Address: 315 MADISON ST SO
City-St-Zip: ST PETERSBURG, FL 33711

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: WESLEY C. JOYNER

MGRM

05/22/2009

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