

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000000004

**Entity Name:** WALLACE PRODUCTS, LLC

**FILED**  
**Apr 25, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

2431 ADELPHI AVE.  
THE VILLAGES,, FL 32162

**New Principal Place of Business:**

**Current Mailing Address:**

2431 ADELPHI AVE.  
THE VILLAGES,, FL 32162

**New Mailing Address:**

**FEI Number:** 26-4060134

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CRAWFORD, JOHN R  
1200 RIVERPLACE BLVD., STE. 800  
JACKSONVILLE, FL 32201 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: PRES  
Name: JONES, WALLACE R  
Address: 2431 ADELPHI AVE.  
City-St-Zip: THE VILLAGES, FL 32162 US

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: WALLACE R. JONES

PRES

04/25/2012

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