

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000024903

**Entity Name:** WJOHNFLOYD, LLC.

**FILED**  
**Feb 08, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

317 FERN CUFF AVE  
TEMPLE TERRACE, FL 33617

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 291791  
TAMPA, FL 33687

**New Mailing Address:**

317 FERN CUFF AVE  
TEMPLE TERRACE, FL 33617

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

FLOYD, W JOHN  
317 FERN CUFF AVE  
TEMPLE TERRACE, FL 33617 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: MGR  
Name: FLOYD, W JOHN  
Address: 317 FERN CLIFF AVE  
City-St-Zip: TEMPLE TERRACE, FL 33617 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: W. JOHN FLOYD

MGR

02/08/2012

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