

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000108525

**FILED**  
**Mar 15, 2011**  
**Secretary of State**

**Entity Name:** LAW OFFICE OF JOHN WELLS KING, PLLC

**Current Principal Place of Business:**

970 SYCAMORE DRIVE  
ROCKLEDGE, FL 329553932 US

**New Principal Place of Business:**

**Current Mailing Address:**

970 SYCAMORE DRIVE  
ROCKLEDGE, FL 329553932

**New Mailing Address:**

970 SYCAMORE DRIVE  
ROCKLEDGE, FL 329553932 US

**FEI Number:** 27-3775243

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KING, JOHN W SR.  
970 SYCAMORE DRIVE  
ROCKLEDGE, FL 329553932 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  
Name: KING, JOHN W SR.  
Address: 970 SYCAMORE DRIVE  
City-St-Zip: ROCKLEDGE, FL 329553922 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: JOHN WELLS KING, SR.

MR.

03/15/2011

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