

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000134122

**FILED**  
**Mar 05, 2012**  
**Secretary of State**

**Entity Name:** WILKS ENTERPRISES, LLC

**Current Principal Place of Business:**

1615 FELCH AVENUE  
JACKSONVILLE, FL 32207 US

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 51604  
JACKSONVILLE BEACH, FL 32240 US

**New Mailing Address:**

**FEI Number:** 45-4148577      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

PARKER, DAVID W  
1615 FELCH AVENUE  
JACKSONVILLE, FL 32207 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:** PARKER, DAVID W  
**Address:** 1615 FELCH AVENUE  
**City-St-Zip:** JACKSONVILLE, FL 32207 US

**Title:** MGMR  
**Name:** WILKS, DOUGLAS  
**Address:** 1615 FELCH AVENUE  
**City-St-Zip:** JACKSONVILLE, FL 32207 US

**Title:** MGMR  
**Name:** WILKS, NICOLA M  
**Address:** 1615 FELCH AVENUE  
**City-St-Zip:** JACKSONVILLE, FL 32207 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:** NICOLA M WILKS

MGMR

03/05/2012

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