

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 01, 2008 8:00 am
Secretary of State

04-01-2008 90064 048 ***138.75

DOCUMENT # L98000000046

1. Entity Name
A & W VENTURES L.C.



Principal Place of Business
**5565 A. CRAWFORDVILLE ROAD
TALLAHASSEE, FL 32305**

Mailing Address
**5565 A. CRAWFORDVILLE ROAD
TALLAHASSEE, FL 32305**

60018796



03062008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3492125

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**JENKINS, G. ALLEN
5565 A. CRAWFORDVILLE ROAD
TALLAHASSEE, FL 32305**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
JENKINS, G. ALLEN
5565 A. CRAWFORDVILLE ROAD
TALLAHASSEE, FL 32310**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
JENKINS, WANDA J
5565 A. CRAWFORDVILLE ROAD
TALLAHASSEE, FL 32310**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: Wanda J. Jenkins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3-19-08

Date

850-656-8633

Daytime Phone #