## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT • 🗥

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## **DOCUMENT # M00000000109**

1. Entity Name **RJW CONSULTING, L.L.C.** 



**FILED** Jun 15, 2006 08:00 AN **Secretary of State** 

Principal Place of Business

1 COMMERCE ST

**STE 700** 

Mailing Address

MONTGOMERY, AL 36104

P.O. BOX 241165 MONTGOMERY, AL 36104



06122006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 63-1241008

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

6. Name and Address of Current Registered Agent

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

CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

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	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 acce the obligations of registered agent.	pt
Sŀ	GNATURE	

(NOTE: Registered Agent signature required when reinstating)

## Filing Fee is \$50.00 Due by September 6, 2006

U00000567208 06/15/06-80001-005 55.00

DATE

MANAGING MEMBERS/MANAGERS 9. MGR TITLE WYNN, RONNIE J NAME STREET ADDRESS P.O. BOX 241165 CITY-ST-ZIP MONTGOMERY, AL 361241165 TITLE STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE . NAME STREET ADDRESS CITY-ST-7P TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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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: