

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M00000000109

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



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JUN 23 PM 12:25

Principal Place of Business
1 COMMERCE ST
STE 700
MONTGOMERY, AL 36104

Mailing Address
P.O. BOX 241165
MONTGOMERY, AL 36104

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

06032008 Chg-LLC CR2E083 (12/06)

4. FEI Number 63-1241008 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

3. 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
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME WYNN, RONNIE J
STREET ADDRESS P.O. BOX 241165
CITY-ST-ZIP MONTGOMERY, AL 361241165

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10. ADDITIONS/CHANGES

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CITY-ST-ZIP

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

6/18/08 334-318-5815
Date Daytime Phone #