

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000001845

Entity Name: AGJW ENTERPRISES, LLC

FILED
Apr 25, 2009
Secretary of State

Current Principal Place of Business:

6250 HURRICANE ROAD
WISE, VA 24293

New Principal Place of Business:

Current Mailing Address:

135 OAK RUN CT.
LEWISVILLE, NC 27023

New Mailing Address:

1291 PARADISE POND RD
ST AUGUSTINE, FL 32092

FEI Number: 20-8411529

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHARTON, JERRY W
ST. CROIX UNITS 1202 & 1203
3145 S. ATLANTIC AVE.
DAYTONA BEACH SHORES, FL 32118 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 () Delete
Name: SOUTHERN, LORI
Address: 135 OAK RUN CT.
City-St-Zip: LEWISVILLE, NC 27023

Title: MGR () Delete
Name: WHARTON, JERRY W
Address: 6250 HURRICANE ROAD
City-St-Zip: WISE, VA 24293

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: WHARTON, JERRY W
Address: 6250 HURRICANE ROAD
City-St-Zip: WISE, VA 24293

Title: MGR () Change (X) Addition
Name: TACKETT, KEVIN W
Address: 1291 PARADISE POND RD
City-St-Zip: ST AUGUSTINE, FL 32092 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: KEVIN TACKETT

MGR

04/25/2009

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