

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000048038

**Entity Name:** WILBERT JENKINS ENTERPRISES L.L.C.

**Current Principal Place of Business:**

3519 PARKWAY BLVD  
LAND O LAKES, FL 34639

**Current Mailing Address:**

3519 PARKWAY BLVD  
LAND O LAKES, FL 34639

**FEI Number:** 45-5260173

**Certificate of Status Desired:** No

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

JENKINS, WILBERT LIII  
16355 SWAN VIEW CIRCLE  
ODESSA, FL 33556 US

*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

**Authorized Person(s) Detail :**

|                 |                        |                 |                         |
|-----------------|------------------------|-----------------|-------------------------|
| Title           | MGR                    | Title           | MGRM                    |
| Name            | JENKINS, WILBERT LIII  | Name            | JENKINS, JR., WILBERT L |
| Address         | 16355 SWAN VIEW CIRCLE | Address         | 3519 PARKWAY BLVD       |
| City-State-Zip: | ODESSA FL 33556        | City-State-Zip: | LAND O LAKES FL 34639   |

*I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** WILBERT L JENKINSIII

**PRESIDENT**

**05/01/2013**

Electronic Signature of Signing Authorized Person(s) Detail

Date