

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90034 020 ****50.00

DOCUMENT # L05000003214					
1. Entity Name WILLIAMS TESTING, LLC					
Principal Place of Business 4686 ASHTON ROAD SARASOTA, FL 34233			Mailing Address 4686 ASHTON ROAD SARASOTA, FL 34233		
2. Principal Place of Business 2446 19TH STREET Suite, Apt. #, etc.		3. Mailing Address PO BOX 15877 Suite, Apt. #, etc.			
City & State SARASOTA, FL Zip 34234 Country USA		City & State SARASOTA, FL Zip 34277 Country USA		4. FEI Number 20-2152084 Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				01052006 Chg-LLC CR2E083 (11/05)	
6. Name and Address of Current Registered Agent WILSON, MICHAEL J 200 SOUTH ORANGE AVENUE SARASOTA, FL 34236			7. Name and Address of New Registered Agent Name DUNLOP, JEAN Street Address (P.O. Box Number is Not Acceptable) 3612 TORREY PINES BLVD City SARASOTA FL Zip Code 34238		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☒ Addition	
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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: <u>J Dunlop</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					