## **2013 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M09000002408

Entity Name: THE WILLIAMS ISLAND COMPANIES, LLC

**Current Principal Place of Business:** 

4000 ISLAND BLVD., PH2 AVENTURA. FL 33160

**Current Mailing Address:** 

4000 ISLAND BLVD., PH2 AVENTURA, FL 33160

FEI Number: 27-0417967 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 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

FILED Apr 24, 2013

**Secretary of State** 

CC7356290933

Authorized Person(s) Detail:

Title MGRM Title EVP

Name WILLIAMS ISLAND HOLDINGS, INC. Name LIEB, JAMES

Address 4000 ISLAND BLVD., PH2 Address 4000 ISLAND BLVD., PH2

City-State-Zip: AVENTURA FL 33160 City-State-Zip: AVENTURA FL 33160

Title VP Title TREASURER

NameDEGNAN, BRIANNameLILLYCROP, WILLIAMAddress4000 ISLAND BLVD., PH2Address4000 ISLAND BLVD., PH2City-State-Zip:AVENTURA FL 33160City-State-Zip:AVENTURA FL 33160

Title AVP Title CFO

Name TORPEY, CARITE Name SHMUELI, OREN

Address 4000 ISLAND BLVD., PH2 Address 4000 ISLAND BLVD.,

PH2

City-State-Zip: AVENTURA FL 33160 City-State-Zip: AVENTURA FL 33160

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: WILLIAM J LILLYCROP

**TREASURER** 

04/24/2013