2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR

FILED
Jun 08, 2007 8:00 am
Secretary of State
06-08-2007 90223 016 ****55.00

DOCUMENT # L00000004568

1. Entity Name

WILLMON HOMESTEAD, LLC

Principal Place of Business	Mailing Address
6000 MILLER LANDING COVE ROAD TALLAHASSEE FL 32312	6000 MILLER LANDING COVE ROAD TALLAHASSEE FL 32312

1st MOORE CR2E083 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
6000 Miller Landing Cove	
Suite, Apt. #, etc. Tallahassee, Fl.	Suite, Apt. #, etc.
City & State Tallahassee, Fl.	City & State
Zip 32312 Country U.S.A. Leon	Zip 32312 Country U.S.A.

4. FEI Number NO-T APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WILLMON NIEDORODA, BETTY JEAN
6000 MILLER LANDING COVE ROAD
TALLAHASSEE FL 32312

7. Name and Address of New Registered Agent

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

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 Betty Willmon Niedoroda
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM NIEDORODA, BETTY W 6000 MILLERS LANDING COVE TALLAHASSEE FL 32312	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Betty Willmon Niedoroda 07 May 2007 8506684929
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #