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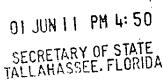
Mailing Address

3. Mailing Address

Suite, Apt. #, etc.

WINDERMERE FL 34786

5701 WEST LAKE BUTLER ROAD





DO NOT WRITE IN THIS SPACE

Zip Code

FL

City & State		City & State		4. FEI Number	59-365	3277	Applied For
				心造器主		<i>JEE</i>	Not Applicable
Zip	Country	Zip	Country	5. Certificate of Stat	us Desired		O Additional Required
6. Name and Address of Current Registered Agent				7. Name and Addre	ss of New Reg	istered Agent	<u> </u>

SIMS, LORI CHASTANG, FERRELL, SIMS & EISERMAN, LLC 1400 NORTH FAIRBANKS AVENUE STE. 102 WINTER PARK FL 32789

MANAGING Member

DAVAND WITHIAMS STREET ADDRESS 5701 west lake Butler Fd.

DOCUMENT #

Principal Place of Business

WINDERMERE FL 34786 · ;

2. Principal Place of Business

Suite, Apt. #, etc.

9.

TITLE

TITLE

CITY-ST-ZIP

5701 WEST LAKE BUTLER, ROAD

WILLIAMS INVESTMENT GROUP, L.L.C.

1. Entity Name

	Name
	Street Address (P.O. Box Number is Not Acceptable)
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IGNATURE	,	· · · · · · · · · · · · · · · · · · ·		
	Signature, typed or printed name of registered agent and title if applica	able. (NOTE: Registered Agent signature required when reinstating)	DATE	
			· · · · · · · · · · · · · · · · · · ·	

FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State

The above named entity submits this statement for the nurnose of changing its registered office or registered agent, or both, in the State of Florida

MANAGING MEMBERS/MEMBERS	10.	ADDITIONS/CHANGES .
Member Delete Hirams Inke Butler Fd. mere, FC 34786	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
☐ Delete	TITLE	Addition

CHY-\$1-ZIP	WIN WINDERMERE, PC 3	9+86	U111-51-21P		
TITLE	Member	☐ Delete	TITLE	0.000	044 0 0
NAME	DARYL Williams		NAME		
STREET ADDRESS	PO BOX -22127 22172		STREET ADDRESS		****50.00
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CITY-ST-ZIP		CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.				

CITY-ST-ZIP

TITLE

SIGNATURE

Addition