


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 24, 2006 8:00 am
Secretary of State

01-24-2006 90043 010 ****50.00

DOCUMENT # L02000019741 1. Entity Name S.W. WILLIAMS FAMILY L.L.C.	
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Principal Place of Business 901 12TH STREET CLERMONT, FL 34711	Mailing Address 901 12TH STREET CLERMONT, FL 34711
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01092006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-7239506

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROBY LAW FIRM
1270 ORANGE AVENUE
SUITE D
WINTER PARK, FL 32789

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SHAHER W. WILLIAMS FAMILY TRUST 901 12TH STREET CLERMONT, FL 34711
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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #