

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000041017

FILED
Feb 04, 2009
Secretary of State

Entity Name: WILLIAM WINTER & ASSOCIATES, LLC

Current Principal Place of Business:

3279 HYACINTH DR
NAPLES, FL 34114

New Principal Place of Business:

9292 BELLE COURT
102
NAPLES, FL 34114

Current Mailing Address:

3279 HYACINTH DR
NAPLES, FL 34114

New Mailing Address:

9292 BELLE COURT
102
NAPLES, FL 34114

FEI Number: 59-3773190

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ICARD, MERRILL, CULLIS, TIMM, ET AL
2033 MAIN STREET, STE. 600
SARASOTA, FL 34237 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGRP () Delete
Name: WINTER, WILLIAM L PH.D
Address: 3279 HYACINTH DR
City-St-Zip: NAPLES, FL 34114

Title: MGRM () Delete
Name: WINTER, ROSANNE L PH.D
Address: 3279 HYACINTH DR
City-St-Zip: NAPLES, FL 34114

ADDITIONS/CHANGES:

Title: MGRP (X) Change () Addition
Name: WINTER, WILLIAM L PH.D
Address: 9292 BELLE COURT #102
City-St-Zip: NAPLES, FL 34114

Title: MGRM (X) Change () Addition
Name: WINTER, ROSANNE L PH.D
Address: 9292 BELLE COURT #102
City-St-Zip: NAPLES, FL 34114

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE: WILLIAM L. WINTER

DR.

02/04/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date