2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT #L03000044198



FILED Apr 19, 2006 8:00 am Secretary of State

WILS CONSTRUCTION AND BUILDING SUPPLY, LLC						04-19-2006 90019 024 ******50.00					
Principal Place of Business 1891 LAKE SPIER DRIVE WINTER PARK, FL 32789 Mailing Address 1891 LAKE SPIER DRIVE WINTER PARK, FL 32789							exter inn bom som som s	sem stir šiši	P¢ (1981 B 2019 F 1981	ın m ribi	
2. Principal P	ace of Business	3. Mailing Address									
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				04122006	Chg-LLC	CR2E08	33 (11/05)		
City & State	9	City & State				4. FEI Number NOT APPLICABLE			_ 	plied For Applicable	
Zip	Country	Zip	Country			5. Certificate of Status Desired					
	6. Name and Address of Current	Registered Agent				7. Name and	Address of New R	egistered A	gent		
-		Name									
1891 LAKE	PATRICIA O E SPIER DRIVE PARK, FL 32789		Street Address			(P.O. Box Number is Not Acceptable)					
i. S			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. If am familiar with, and accept the obligations of registered agent.											
SIGNATURE .	Signature, typed or printed name of registered agent	and sets of engineering (MOTE		d Arent arms		when renesssing)		DATE		<u> </u>	
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Fi D	iling Fee is \$50.00 ue by May 1, 2006							e check pa Departme	ayable to ent of State	,	
9. MANAGING MEMBERS/MANAGERS							ADDITIONS	/CHANGES	CORRE	ECTION	
TITLE	Р	☐ Detete	TITL	Ε	Φ		0	_	Change	Addition	
NAME	WILSON, PATRICIA O		NAM	E	ີ ພ	ILSON,	PAIRICIA	Ö	۸۸	[
STREET ADDRESS	1891 LAKE SPIGR DR.		STR	ET ADORESS	18	391 '	PATRICIA Lake SA	s i e r	∪ , .		
CITY-ST-ZIP	WINTER PARK, FL 32789		CITY	-ST-ZIP	ليا	inter	Park, F	L 32	<u> 789 </u>		
TITLE		☐ Delete	TIΤ						Change	Addition	
NAME			NAV	ET ADDRESS							
STREET ADDRESS CITY-ST-ZIP			9 - "	-ST-ZIP							
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NAME			NAN								
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CITY-ST-ZIP				r-ST-ZIP							
TITLE		☐ Delete	ħħ	£					☐ Change	Addition	
NAME	[NAA								
STREET ADDRESS	1			EET ADORESS Y-ST-ZIP							
CITY-ST-ZIP	certify that the information supplied with	thin filing does not qualify for			ntained	in Chenter 110	Florida Statutae	urther certifi	that the info	ormation	

indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am a managing member or manager limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MIGHATURE AND TIPED OR PRINTED HAME OF SKINING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-12.06 (407) 657-504