## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Jan 24, 2005 8:00 am Secretary of State

DOCU	MENT.# L03000046	356				tary of S	
1. Entity Nam WILLIAM	S APPLIANCE AND REFRIC		01-24-200	5 90103 043 ***	*50.00		
	,						
Principal Plac	ce of Business	Mailing Address		- "			
2525 ALLISON AVENUE P.O. BOX 9134 PANAMA CITY BEACH, FL 32408 US PANAMA CITY BEACH, FL			32417 US	<u>'</u>			
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Principal Place of Business     3. Mailing Address			to 1000 11 1				
8705 Frondaux Rd P.O.BOX 913			.4		EI <b>(16</b> 707 FRYZI MYFEII MARYI I	EUTEI MUTTII UIRÈN DITUM ETÎRÎ DÎTÎT	Ē EKNORI (M LĪDZI —
Suite, Apt. #, etc		Suite, Apt. #, etc.		01192005	Chg-LLC	CB2E083 (10/0	3)
City & Stat		City & State	each .FC	4. FEI Numb			Applied For
NO Procincia	a City Beach FC	Panama City Be	Country	<del></del>			Not Applicable
32,40		39417	<u> YSA</u>		e of Status Desirec	Fee Requ	
	6. Name and Address of Current I	Nama	7. Name and Address of New Registered Agent				
	S, WILLIAM M SR · · · · · · · · · · · · · · · · · ·	ا المحادث المح المحادث المحادث المحاد		ddress (P.O. Box Numb		<u> Μ 50.</u>	,
	CITY BEACH, FL 32408	87	D5 Front	beach	_K9	A CONTRACTOR OF THE PARTY OF TH	
	· ·		1	· · · · · · · · · · · · · · · · · · ·		1 0	;
City Code  Parama City Beach  FL Zig Code 32408  8. The above pared entity submits this statement for the purpose of changing its registered office or registered agent or both in the State of Florida. Lam familiar with and accert							- 00PK
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  OATE							
<u>F</u> i	iling Fee is \$50.00					ake check payable to	
D	ue by May 1, 2005	4		Flori	da Department of Si	ate	
9.	MANAGING MEMBE		10.	(40)		S/CHANGES	
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CITY-ST-ZIP	Contifue that the information supplied with		CITY SI-ZIP	ed in Section 110 07/2	(i) Florida Statuta	s. I further certify that th	a information
11. Thereby 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 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 of the similar liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.							
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