

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 04, 2005 8:00 am**  
**Secretary of State**

03-04-2005 90020 019 \*\*\*\*55.00

**DOCUMENT # L03000053577**

1. Entity Name

**BILL KING LLC**



Principal Place of Business

**125 STOKES LANDING ROAD  
ST AUGUSTINE FL 32095**

Mailing Address

**125 STOKES LANDING ROAD  
ST AUGUSTINE FL 32095**

2. Principal Place of Business

**9940 WEST DEEP CREEK BLVD 9740 W. DEEP CREEK BLVD**

3. Mailing Address

**9940 WEST DEEP CREEK BLVD 9740 W. DEEP CREEK BLVD**



1st MOORE

CR2E083 (10/04)

City & State

**HASTINGS, FL.**

City & State

**HASTINGS, FL.**

4. FEI Number

**30-0487894**

Applied For

Not Applicable

Zip

Country

**32145 USA**

Zip

Country

**32145 USA**

5. Certificate of Status Desired

☒

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**KING, WILLIAM A  
125 STOKES LANDING ROAD  
ST AUGUSTINE FL 32095**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*William A King*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State**

**Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☒ Delete  
NAME **KING, WILLIAM A**  
STREET ADDRESS **125 STOKES LANDING ROAD**  
CITY-ST-ZIP **ST AUGUSTINE FL 32095**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Change ☐ Addition  
NAME **KING, William A.**  
STREET ADDRESS **9740 WEST DEEP CREEK BLVD.**  
CITY-ST-ZIP **HASTINGS, FL. 32145**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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.

SIGNATURE:

*William A King*

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

**2-15-05 9046821256**

Date

Daytime Phone #