

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 20, 2004 8:00 am
Secretary of State

04-20-2004 90187 025 ****50.00

DOCUMENT # *L03000055594*

1. Entity Name

Bill Williams PAINTING, LLC



DO NOT WRITE IN THIS SPACE

44032354

2. Principal Place of Business

121 Cypress Pond Rd

Suite, Apt. #, etc.

3. Mailing Address

121 Cypress Pond Rd

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Port Orange FL

City & State

Port Orange FL

4. FEI Number

Applied For

☒ Not Applicable

Zip

32128-7503

Country

Volusia

Zip

32128-7503

Country

Volusia

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

7. Name and Address of Current Registered Agent

Name *Bill Williams*

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

121 Cypress Pond Rd

City

Port Orange

FL

Zip Code

32128

**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.

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE *MGAM - MGRM*
NAME *Bill Williams*
STREET ADDRESS *121 Cypress Pond Rd*
CITY - ST - ZIP *Port Orange FL 32128*

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

Bill Williams

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

4-8-04 386 788-9560

Date

Daytime Phone #

CR2E083B (12/02)