

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 16, 2006 8:00 am
Secretary of State

08-16-2006 90078 010 ****50.00

DOCUMENT # L04000000975

1. Entity Name

WILLIAM P. WHITE, LLC



Principal Place of Business

**3215 CRESTWOOD FOREST DRIVE
DELTONA FL 32725**

Mailing Address

**3215 CRESTWOOD FOREST DRIVE
DELTONA FL 32725**



2. Principal Place of Business

3215 Crestwood Forest Dr.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2nd MOORE

CR2E083 (4/06)

City & State

Deltona FL

City & State

4. FEI Number

20-0553779

Applied For

Not Applicable

Zip

32725

Country

Volusia

Zip

32725

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WHITE, WILLIAM P
3215 CRESTWOOD FOREST DRIVE
DELTONA FL 32725**

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

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 September 6, 2006

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
WHITE, WILLIAM P
3215 CRESTWOOD FOREST DRIVE
DELTONA FL 32725** ☐ Delete

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

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 White
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

8-4-06 **386-532-9114**
Date Daytime Phone #