

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000008705

Entity Name: WILLIAM O'DONNELL, LLC

FILED  
Jul 10, 2006  
Secretary of State

**Current Principal Place of Business:**

18542 BOWMAN ROAD  
SPRING HILL, FL 34610 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 15497  
BROOKSVILLE, FL 34604 US

**New Mailing Address:**

FEI Number: 20-0671701      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

O'DONNELL, WILLIAM  
18542 BOWMAN ROAD  
SPRING HILL, FL 34610 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: O'DONNELL, WILLIAM  
Address: 18542 BOWMAN ROAD  
City-St-Zip: SPRING HILL, FL 34610 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM ( ) Change (X) Addition  
Name: SHAVER, CRYSTAL  
Address: 17641 BONIFAY LN.  
City-St-Zip: SPRINGHILL, FL 34610 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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 O'DONNELL

MGR

07/10/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date