2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L04000009020

1. Entity Name
FLORIO WILLIAMS, LLC

Principal Place of Business	Mailing Address
27635 WATERFORD WAY WESLEY CHAPEL, FL 33543	27635 WATERFORD WAY WESLEY CHAPEL, FL 33543

DO NOT WRITE IN THIS SPACE

01042006 No Chg-LLC   CR2E083 (11/05)

4. FEI Number 90-0147423	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

LANIGAN, DAVID C JD, LLM
10927 NORTH 56TH STREET
TAMPA, FL 33617-3000

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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

Filing Fee is $50.00
Due by May 1, 2006

100000380705
01/11/06-80023-017 55.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	WILLIAMS, MICHELE FLORIO
STREET ADDRESS	27635 WATERFORD WAY
CITY-ST-ZIP	WESLEY CHAPEL, FL 33543
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	

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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: _Michele Florio Williams_   1/4/2006   (813)973-7511

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #