2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# L04000015617

Entity Name: WILLIS WILLIAMS, "LLC"

Current Principal Place of Business:

6729 WOODLYNN
HOMOSASSA, FL 34448 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 940
HOMOSASSA SPRINGS, FL 34447 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WILLIAMS, WILLIS O JR
6729 WOODLYNN
HOMOSASSA SPRINGS, FL 34448 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: MGR ( ) Delete
Name: WILLIAMS, WILLIS O JR
Address: 6729 WOODLYN
City-St-Zip: HOMOSASSA SPRINGS, FL 34447 US

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

ADDITIONS/CHANGES:

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

Title: #2 ( ) Change (X) Addition
Name: WILLIAMS, PATTI J
Address: 6729 W WOODLYN
City-St-Zip: HOMOSASSA SPRINGS, FL 34447 US

I hereby certify that the information supplied with this filing does not qualify 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: PATTI J WILLIAMS #2 04/30/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date