



**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 01, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000019667</b> 1. Entity Name <b>JUNE M. WILLIAMS LLC</b>	
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Principal Place of Business <b>12440 COUNTY ROAD 721 WEBSTER, FL 33597</b>	Mailing Address <b>12440 COUNTY ROAD 721 WEBSTER, FL 33597</b>
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**DO NOT WRITE IN THIS SPACE**



01312007No Chg-LLC      CR2E083 (11/05)

4. FEI Number <b>51-0505218</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**WILLIAMS, MARVIN W  
12440 COUNTY ROAD 721  
WEBSTER, FL 33597**

**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 Marvin W. Williams Marvin W. Williams MGRM 2-27-07  
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, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WILLIAMS, JUNE M 12440 COUNTY ROAD 721 WEBSTER, FL 33597
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILLIAMS, MARVIN W 12440 COUNTY ROAD 721 WEBSTER, FL 33597
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03/12/07-80027-009 55.00

**DO NOT WRITE  
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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: JUNE M. WILLIAMS June M Williams MGR 2-27-07 352 568-1979  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #