

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000023940

Entity Name: WILLIAMSBURG ESTATES, LLC

FILED
Apr 08, 2009
Secretary of State

Current Principal Place of Business:

8520 GOVERNMENT DR
1
NEW PORT RICHEY, FL 34653

Current Mailing Address:

8520 GOVERNMENT DR
1
NEW PORT RICHEY, FL 34653

New Principal Place of Business:

8520 GOVERNMENT DR
1
NEW PORT RICHEY, FL 34654

New Mailing Address:

8520 GOVERNMENT DR
1
NEW PORT RICHEY, FL 34654

FEI Number: 26-0101715

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KALOGIANIS, CONSTANTINE
6611 U.S. HIGHWAY 19, SUITE 507
NEW PORT RICHEY, FL 34652 US

Name and Address of New Registered Agent:

KALOGIANIS, CONSTANTINE
8520 GOVERNMENT DRIVE
SUITE 1
NEW PORT RICHEY, FL 34654 US

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: CONSTANTINE KALOGIANIS

04/08/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: KALOGIANIS, CONSTANTINE
Address: 8520 GOVERNMENT DR
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: MGRM () Delete
Name: KALOGIANIS, KATHY T
Address: 8520 GOVERNMENT DR
City-St-Zip: NEW PORT RICHEY, FL 34654

ADDITIONS/CHANGES:

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

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

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: CONSTANTINE KALOGIANIS

MGRM

04/08/2009

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