


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

03-22-2005 90188 001 ****50.00
03-22-2005 90188 002 *****5.00

| | | | | | |
|---|---|-----|---|---|--|
| DOCUMENT # L04000024066 | | | |  | |
| 1. Entity Name JAMES C. WILLIAMSON, LLC | | | | | |
| Principal Place of Business 1281 BURNT TREE WAY GENEVA, FL 32732 US | | | Mailing Address 1281 BURNT TREE WAY GENEVA, FL 32732 US | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | Country | Zip | Country | | |
| 6. Name and Address of Current Registered Agent WILLIAMSON, JAMES C 1281 BURNT TREE WAY GENEVA, FL 32732 | | | 7. Name and Address of New Registered Agent | | |
| | | | Name | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | City | | |
| | | | FL Zip Code | | |
| 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____ | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2005 | | | | Make check payable to Florida Department of State | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR WILLIAMSON, JAMES C 1281 BURNT TREE WAY GENEVA, FL 32732 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 60B, Florida Statutes. | | | | | |
| SIGNATURE: <u>James C. Williamson, Manager</u> 3-15-05 321-228-0472 | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone # | | | | | |

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03152005 Chg-LLC CR2E083 (10/03)

4. FEI Number **20-0940634** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required