

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90034 008 ****55.00

DOCUMENT # L04000028624

1. Entity Name
DH & RG WILLIAMS, LLC



Principal Place of Business
15400 SHAMROCK DRIVE
FORT MYERS, FL 33912

Mailing Address
15400 SHAMROCK DRIVE
FORT MYERS, FL 33912

20019643



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01052005 Chg-LLC CR2E083 (10/03)

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCARDLE, MICHAEL W ESQ.
711 FIFTH AVE. SOUTH, SUITE 209
NAPLES, FL 34102

Name DON WILLIAMS

Street Address (P.O. Box Number is Not Acceptable)

15400 SHAMROCK DR.

City FORT MYERS

FL

Zip Code 33912

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

Don Williams

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/5/05

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 MGR WILLIAMS, DON ☐ Delete
STREET ADDRESS 15400 SHAMROCK DRIVE
CITY-ST-ZIP FORT MYERS, FL 33912

TITLE
NAME Williams, Don ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME DELETED ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME MGR Williams, Richard ☐ Change ☒ Addition
STREET ADDRESS 15400 SHAMROCK DR.
CITY-ST-ZIP FORT MYERS, FL 33912

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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 608, Florida Statutes.

SIGNATURE:

Don Williams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/5/05 239 340 5118

Date

Daytime Phone #