2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DOCUMENT # L04000028624 1. Entity Name

DH & RG WILLIAMS, LLC

FILED Apr 18, 2008 08:00 Al Secretary of State

Principal Place of Business

15400 SHAMROCK DRIVE FORT MYERS, FL 33912

Mailing Address

15400 SHAMROCK DRIVE FORT MYERS, FL 33912



04072008 No Chg-LLC

CR2E083 (12/07)

Fee Required

Applied For 4. FEI Number **NOT APPLICABLE** Not Applicable \$5.00 Additional 5. Certificate of Status Desired

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WILLIAMS, DON 15400 SHAMROCK DR FORT MYERS, FL 33912

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

(NOTE: Registered Agent signature required when reinstating)

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05/06/08-80005-007 138.75

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

9.	MANAGING MEMBERS/MANAGERS	
TITLE - NAME STREET ADDRESS CITY-ST-ZIP	MGR WILLIAMS, DON 15400 SHAMROCK DRIVE FORT MYERS, FL 33912	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILLIAMS, RICHARD 15400 SHAMROCK DR FORT MYERS, FL 33912	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	· <u> </u>	
TITLE NÁME STREET ADDRESS CITY-ST-ZIP		

DO NOT WRITE IN THIS SPACE

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