

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90018 047 ****50.00

DOCUMENT # L04000030976

1. Entity Name

WILLIAMS WALLPAPERING, LLC



Principal Place of Business

4523 HIDDEN SHADOW DRIVE
TAMPA FL 33614
US

Mailing Address

4523 HIDDEN SHADOW DRIVE
TAMPA FL 33614
US

2. Principal Place of Business

Home
Suite, Apt. #/etc.

City & State

TAMPA
FL 33614

3. Mailing Address

Same
Suite, Apt. #/etc.

City & State

TAMPA
FL 33614



1st MOORE

CR2E083 (10/04)

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

WILLIAMS, SUSAN M
4523 HIDDEN SHADOW DRIVE
TAMPA FL 33614

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE: OWNER
NAME: SUSAN M. WILLIAMS
STREET ADDRESS: 4523 HIDDEN SHADOW DR
CITY-ST-ZIP: TAMPA FL 33614

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10. ADDITIONS/CHANGES

TITLE:
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CITY-ST-ZIP:
☐ Change ☐ 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 608, Florida Statutes.

SIGNATURE:

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

SUSAN WILLIAMS 4-11-05 (813) 966-0740

Date

Daytime Phone #