

FILED
Apr 03, 2008 8:00 am
Secretary of State

03-10-2008 90335 031 ***138.75

2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L04000035289			
1. Entity Name SWEET WILLIAM, L.L.C.			
Principal Place of Business 2533 PERMIT PLACE NEW PORT RICHEY, FL 34655		Mailing Address 1605 RIDGE TOP DR TARPON SPRINGS, FL 34688	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		02122008 Chg-LLC CR2E083 (12/06)	
4. FEI Number 20-1253263		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SOROTA, JOSEPH J JR. 28100 U.S. 19 NORTH, SUITE 504 CLEARWATER, FL 33761		7. Name and Address of New Registered Agent Name SOROTA, JOSEPH J JR. Street Address (P.O. Box Number is Not Acceptable) 28100 U.S. 19 NORTH SUITE 500 City CLEARWATER, FL Zip Code 33761	
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 renewing) DATE _____			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DONATI, WILLIAM C 1605 RIDGE TOP DR TARPON SPRINGS, FL 34688 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MEMBER DONATI, EMILIE A. 1605 RIDGE TOP DR TARPON SPRINGS FL 34688 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, 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: <u>Emilie A. Donati</u> EMILIE A. DONATI SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date _____ Daytime Phone # _____			