2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) 🧀

Mar 08, 2005 8:00 am Secretary of State DOCUMENT-# L04000036211 02-07-2005 90284 041 ****50.00 1. Entity Name MIKE WILLIAMSON, LLC Principal Place of Business Mailing Address OUBLITTO 5019 NE MASTERS AVE 5019 NE MASTERS AVE ARCADIA FL 34266 US ARCADIA FL 34266 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/04) 4. FEI Number 20~1115404 Applied For City & State City & State Not Applicable Country \$5.00 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name AMES,CPA , CFP, ANDREW T 128 WEST OAK STREET Street Address (P.O. Box Number is Not Acceptable) ARCADIA FL 34266 Zip Code City 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 Speakure, typed or printed name of registered agent and life if applicable DATE (NOTE, Registered Agent signature required when reinstaurig) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM Delete NTLE □ Change ☐ Addition HILE NAME WILLIAMSON, MIKE MAME STREET ADDRESS 5019 NE MASTERS AVE STREET ADORESS CITY-ST-ZIP ARCADIA FL 34266 CITY-ST-7P TITLE ☐ Change ☐ Addition TITLE ☐ Delete HALLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP ☐ Change Addition ☐ Delate NIII F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE THLE ☐ Delete NAME NAME SUBSET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-\$1-79 TITLE ☐ Change Addition ☐ Delete TITLE NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP ■ Addition TITLE (Deleta IITEE Change NAME HAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY, SI, 78P 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1 19.07(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 eath; 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.

FILED