

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 01, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # L04000039042

1. Entity Name

WILLIAM BYRON MEADOWS, LLC



Principal Place of Business

6265 WILLIAMS ROAD  
TALLAHASSEE, FL 32311

Mailing Address

6265 WILLIAMS ROAD  
TALLAHASSEE, FL 32311



04072008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

27-0091331

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MEADOWS, WILLIAM BYRON  
6265 WILLIAMS ROAD  
TALLAHASSEE, FL 32311

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

U00000936410  
05/27/08-80008-018 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MEADOWS, WILLIAM BYRON
STREET ADDRESS	6265 WILLIAMS ROAD
CITY-ST-ZIP	TALLAHASSEE, FL 32311
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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: *William Byron Meadows*

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

4/29/08 (850) 528-5747

Date

Daytime Phone #