## **2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

## DOCUMENT # L04000063199 1. Entity Name WILLIAM ALEXANDER & ASSOCIATES, LLC



## **FILED** Apr 19, 2005 8:00 am Secretary of State

04-19-2005 90015 020 \*\*\*\*50.00

90 PM TW	

Principal Plac	ce of Busines	is	Mailing Address		<b>.</b>						
Principal Place of Business 413 SUFFROAD MELBOLINE BEACH, RL. 32951		413 SLFFROND MELBOLRNEBEACH, RL 32951				20031002					
								III <b>er</b> im <b>air</b> ii <b>ae</b> im <b>ar</b> ii			
2. Principal F	Place of Busin	ness	3. Mailing Address	,							
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			04122005	Chg-LLC	CF	2E083 (10/03)	)	
City & State		City & State				4. FEI Num	per			applied For lot Applicable	
Zip		Country	Zip	Coun	try		5. Certificat	e of Status Desire	ed 🗀	\$5.00 Ad Fee Require	
	6. Name	and Address of Curren	t Registered Agent				7. Name an	d Address of Ne		red Agent	
		PORATIONS, INC.			Name.			~			· >= -= ·
SUITE E,		VENUE NORTH			Street Ad	idress (F	Z.O. Box Numi	ber is Not Accept	able)		
					City					FL Zip Coo	de
8. The above the obligat	e named entit itions of regist	ty submits this statement f tered agent.	or the purpose of changing	its registere	ed office or r	registere	ed agent, or b	oth, in the State o	f Florida. I	am familiar with	, and accept
SIGNATURE		·									
	Signature, typed	or printed name of registered agen	t and title if applicable. (N	IOTE: Registere	d Agent signature	e required v	when reinstating)		D/	ATE .	,
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<sup>11.</sup> 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.