

# **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000094379

**FILED**  
**Mar 29, 2006**  
**Secretary of State**

**Entity Name:** WILLIAMS INSURANCE AGENCY, LLC

**Current Principal Place of Business:**

301 GOVERNMENT AVENUE  
NICEVILLE, FL 32578

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1316  
NICEVILLE, FL 32588

**New Mailing Address:**

**FEI Number:** 20-2058006

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WILLIAMS, LEE Y  
301 GOVERNMENT AVENUE  
NICEVILLE, FL 32588 US

**Name and Address of New Registered Agent:**

WILLIAMS, LEE Y  
301 GOVERNMENT AVENUE  
NICEVILLE, FL 32578 US

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.

SIGNATURE:

03/29/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: WILLIAMS, LEE Y  
Address: P.O. BOX 1316  
City-St-Zip: NICEVILLE, FL 32588

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LEE Y WILLIAMS

MGRM

03/29/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date