

LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L05000042331

1. Entity Name

Williams Law Firm, LLC



FILED

07 APR 30 AM 8:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1100 A E. Tenness St.

Suite, Apt. #, etc.

A

3. Mailing Address

PO Box 5555

Suite, Apt. #, etc.

BK

CR2E083B (8/05)

City & State

Tallahassee, FL

City & State

Tallahassee FL

4. FE Number

16-1748193

Applied For

Not Applicable

Zip

32308

Country

USA

Zip

32319

Country

USA

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Keshya Williams

Street Address (P.O. Box Number is Not Acceptable)

1100 A E. Tenness St.

City

Tallahassee FL

FL

Zip Code

32308

**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.

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State
DUE BY MAY 1

BK

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Owner
Keshya Williams
1100 A E. Tenness St.
Tallahassee FL 32308

TITLE
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IN THIS SPACE**

11. 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.

SIGNATURE:

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

Date

Daytime Phone #

[Signature] 4/30/07 850-681-6000