



**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 06, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000050950 1. Entity Name WILLIAM J NEFF LLC	
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Principal Place of Business 301 3RD ST NW, SUITE 214 WINTER HAVEN, FL 33881	Mailing Address 301 3RD ST NW, SUITE 214 WINTER HAVEN, FL 33881
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DO NOT WRITE IN THIS SPACE

	
01042008No Chg-LLC	CR2E083 (12/07)
4. FEI Number 20-2915768	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent NEFF, WILLIAM J 365 VAIL DR WINTER HAVEN, FL 33884

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 _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NEFF, WILLIAM J 365 VAIL DRIVE WINTER HAVEN, FL 33884
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<p>U000000849954 03/21/08-80042-005 138.75</p> <p>DO NOT WRITE IN THIS SPACE</p>

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: <u>Dr. William J. Neff, O.M.D., L.Ac.</u>	<u>4 Mar 08</u>	<u>863-298-8668</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Date</small>	<small>Daytime Phone #</small>