2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2007
Secretary of State

DOCUMENT# L05000058344

Entity Name: WILLIAM S. CADY, LLC

Current Principal Place of Business:

947 WHISLER COURT
SAINT CLOUD, FL 34769

New Principal Place of Business:

Current Mailing Address:

947 WHISLER COURT
SAINT CLOUD, FL 34769

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CADY, WILLIAM S
947 WHISLER COURT
SAINT CLOUD, FL 34769 US

Name and Address of New Registered Agent:

ALL FLORIDA FIRM, INC.
465 S. VOLUSIA AVE.
SUITE C
ORANGE CITY, FL 32763 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: DEVIN NEWMAN ASST. SECRETARY 04/13/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: CADY, WILLIAM S
Address: 947 WHISLER COURT
City-St-Zip: SAINT CLOUD, FL 34769

Title: MGRM ( ) Delete
Name: CADY, HOLLY L
Address: 947 WHISLER COURT
City-St-Zip: SAINT CLOUD, FL 34769

ADDITIONS/CHANGES:

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

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: WILLIAM S CADY MGRM 04/13/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date