

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000097954

FILED  
Jul 02, 2009  
Secretary of State

**Entity Name:** WILLIAMS INTEGRATED TECHNOLOGIES, LLC

**Current Principal Place of Business:**

3237 PORT ROYALE DRIVE  
APARTMENT D  
FORT LAUDERDALE, FL 333087929 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O GRUBER AND ASSOCIATES, P.A.  
6550 NORTH FEDERAL HIGHWAY, SUITE 522  
FORT LAUDERDALE, FL 333081417 US

**New Mailing Address:**

FEI Number: 33-1124168      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

WILLIAMS, MARLON J  
3237 PORT ROYALE DRIVE  
APARTMENT D  
FORT LAUDERDALE, FL 333087929 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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: WILLIAMS, MARLON J  
Address: 3237 PORT ROYALE DRIVE SOUTH, #D  
City-St-Zip: FORT LAUDERDALE, FL 333087929 US

**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 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: MARLON J. WILLIAMS

MGR

07/02/2009

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