

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000104071

FILED
Feb 03, 2006
Secretary of State

Entity Name: WILLIAMS AND STAFFORD, LLC

Current Principal Place of Business:

807 SW 3RD AVE.
SUITE B
OCALA, FL 34474

New Principal Place of Business:

Current Mailing Address:

807 SW 3RD AVE
SUITE B
OCALA, FL 34474

New Mailing Address:

FEI Number: 20-3663268

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STAFFORD, JEROME B
2020 SE 13TH STREET
OCALA, FL, FL 34471 US

Name and Address of New Registered Agent:

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: MGRM () Delete
Name: WILLIAMS, PAUL
Address: 19130 NE 160 AVE RD
City-St-Zip: FT MCCOY, FL 32134

Title: MGR () Delete
Name: WILLIMAMS, ROCKY
Address: 19130 NE 160 AVE RD
City-St-Zip: OCALA, FL 32134

Title: MGRM () Delete
Name: MACALUSO, BRIAN A
Address: 2020 SE 13TH ST
City-St-Zip: OCALA, FL 34471

ADDITIONS/CHANGES:

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

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: JBSTAFFORD

AGEN

02/03/2006

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