

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000028032

1. Entity Name
WILL'S MAINTENANCE LLC



Principal Place of Business
505 HICKORY LANE
HAVANA, FL 32333

Mailing Address
505 HICKORY LANE
HAVANA, FL 32333

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04252008 Chg-LLC CR2E083 (12/06)

4. FEI Number
80-0803075

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHRINER, WILL
505 HICKORY LANE
HAVANA, FL 32333

Name

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

City

FL

Zip Code

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SHRINER, WILL
505 HICKORY LANE
HAVANA, FL 32333 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
04/25/08--01026--009 ☐ Change ☐ Addition
**138.75

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
MOORE, MATT
1562 CALDWELL DRIVE
TALLAHASSEE, FL 32310 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
500125806145 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
COPPER, JOSH
1562 CALDWELL DRIVE
TALLAHASSEE, FL 32310 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
BRUCE, MICHAEL
1621 STANLEY AVE
TALLAHASSEE, FL 32310 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

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

Date

Daytime Phone #

FILED

08 APR 25 AM 11:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



4/28/08