

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000046521

Entity Name: BILLYCO LLC

**FILED**  
**Apr 12, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

248 AUTUMN LANE  
DE FUNIAK SPRINGS, FL 324337188

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 504  
DE FUNIAK SPRINGS, FL 324350106

**New Mailing Address:**

FEI Number: 20-5619204

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SCHULTZ, WILLIAM  
248 AUTUMN LANE  
DE FUNIAK SPRINGS, FL 324337188 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  
Name: SCHULTZ, WILLIAM  
Address: 248 AUTUMN LANE  
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: MGRM  
Name: SCHULTZ, CHRISTINA  
Address: 248 AUTUMN LN  
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

I hereby 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: CHRISTINA SCHULTZ

MGRM

04/12/2012

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