

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000082323

Entity Name: WILLIS HOLDINGS I, LLC

FILED
Feb 16, 2009
Secretary of State

Current Principal Place of Business:

386 TRIDENT AVE SE
PALM BAY, FL 32909

New Principal Place of Business:

Current Mailing Address:

386 TRIDENT AVE SE
PALM BAY, FL 32909

New Mailing Address:

FEI Number: 59-2700788

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDERSON, J PATRICK
930 S HARBOR CITY BLVD STE 505
MELBOURNE, FL 32901 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: WILLIS, RAYMOND
Address: 386 TRIDENT AVE SE
City-St-Zip: PALM BAY, FL 32909

Title: MGRM () Delete
Name: WILLIS, JO ANN M
Address: 386 TRIDENT AVE SE
City-St-Zip: PALM BAY, FL 32909

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: WILLIS, JO ANN M MGRM
Address: 386 TRIDENT AVE SE
City-St-Zip: PALM BAY, FL 32909

Title: S/T () Change (X) Addition
Name: WILLIS, JOSEPH R S/T
Address: 386 TRIDENT AVE SE
City-St-Zip: PALM BAY, FL 32909

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: RAYMOND WILLIS

MGRM

02/16/2009

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