


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 09, 2007 8:00 am
Secretary of State

01-09-2007 90036 012 ****50.00

DOCUMENT # L06000086465 1. Entity Name WILLIAM J. BLISS L.L.C.					
Principal Place of Business P.O. BOX 1157 BRONSON, FL 32621 US			Mailing Address P.O. BOX 1157 BRONSON, FL 32621 US		
2. Principal Place of Business - No P.O. Box # 570 DAUS ST Suite, Apt. #, etc.		3. Mailing Address Po Box 1157 Suite, Apt. #, etc.			
City & State Bronson FL Zip 32621 Country Levy		City & State Bronson FL Zip 32621 Country Levy		4. FEI Number 20-5441526 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				01062007 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent DEEGAN, TIMOTHY P 9200 NW 36TH PLACE A GAINESVILLE, FL 32606			7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BLISS, WILLIAM J * P.O. BOX 1157 BRONSON, FL 32621	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>William J Bliss</i>		1/8/7		352 280 0406	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>		<small>Daytime Phone #</small>	