

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 20, 2008 8:00 am
Secretary of State

05-28-2008 90140 010 ***138.75

DOCUMENT # L06000086915					
1. Entity Name WILLYOUNG BROTHERS, LLC					
Principal Place of Business 4301 W. CAYUGA ST. TAMPA, FL 33614			Mailing Address 4301 W. CAYUGA ST. TAMPA, FL 33614		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 11-3787728	
Zip		Country		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WILLYOUNG, JOHN 4301 W. CAYUGA ST. TAMPA, FL 33614				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 _____ (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 MGR NAME WILLYOUNG, JOHN STREET ADDRESS 4301 W. CAYUGA ST. CITY-ST-ZIP TAMPA, FL 33614	☐ Delete		TITLE Member MGRM NAME James K Blocker, III STREET ADDRESS 8010 Franklin Road CITY-ST-ZIP Plant City, FL 33565	☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Delete		TITLE Member MGRM NAME Karen Blocker STREET ADDRESS 8010 Franklin Road CITY-ST-ZIP Plant City, FL 33565	☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Change ☐ Addition	
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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:			4-29-2008		813 872-0077
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		Daytime Phone #