

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000092432

**FILED**  
**Aug 13, 2007**  
**Secretary of State**

**Entity Name:** WILLIAMS RN CONSULTING, LLC

**Current Principal Place of Business:**

1324 SEVEN SPRINGS BLVD, #353  
NEW PORT RICHEY, FL 34655 US

**New Principal Place of Business:**

**Current Mailing Address:**

1324 SEVEN SPRINGS BLVD, #353  
NEW PORT RICHEY, FL 34655 US

**New Mailing Address:**

FEI Number: 20-5586495      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

WILLIAMS, ELIZABETH  
1324 SEVEN SPRINGS ROAD, #353  
NEW PORT RICHEY, FL 34655 US

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

WILLIAMS, ELIZABETH  
1324 SEVEN SPRINGS ROAD  
#353  
NEW PORT RICHEY, FL 34655 US

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: ELIZABETH WILLIAMS

08/13/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: WILLIAMS, ELIZABETH  
Address: 1324 SEVEN SPRINGS BLVD, #353  
City-St-Zip: NEW PORT RICHEY, FL 34655 US

**ADDITIONS/CHANGES:**

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

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: ELIZABETH WILLIAMS

MGRM

08/13/2007

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