

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000092432

Entity Name: WILLIAMS RN CONSULTING, LLC

FILED  
Mar 09, 2009  
Secretary of State

## Current Principal Place of Business:

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

## New Principal Place of Business:

1273 KINGS WAY LANE  
TARPON SPRINGS, FL 34688 US

## Current Mailing Address:

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

## New Mailing Address:

1273 KINGS WAY LANE  
TARPON SPRINGS, FL 34688 US

FEI Number: 20-5586495

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## 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  
1273 KINGS WAY LANE  
TARPON SPRINGS, FL 34688 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

03/09/2009

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: MGRM (X) Change ( ) Addition  
Name: WILLIAMS, ELIZABETH  
Address: 1273 KINGS WAY LANE  
City-St-Zip: TARPON SPRINGS, FL 34688 US

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

03/09/2009

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