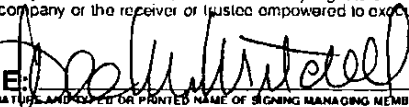


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 17, 2007 8:00 am
Secretary of State

07-09-2007 90115 002 ****55.00

DOCUMENT # L06000096538																				
1. Entity Name W.M. MITCHELL & ASSOCIATES, LLC																				
Principal Place of Business 1172 BRAMPTON PLACE HEATHROW FL 32746		Mailing Address 1172 BRAMPTON PLACE HEATHROW FL 32746																		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address																		
Suite, Apt. #, etc.		Suite, Apt. #, etc.																		
City & State		City & State																		
Zip	Country	Zip	Country																	
4. FEI Number 37-1529915		Applied For ☐ Not Applicable																		
5. Certificate of Status Desired ☒		\$5.00 Additional Fee Required																		
6. Name and Address of Current Registered Agent MITCHELL, WILLIAM M 1172 BRAMPTON PLACE HEATHROW FL 32746		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 _____ Signature, typed or printed name of registered agent (not title) if applicable. (NOTE: Registered agents registered "domestic" when formed/changed)																				
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007																				
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES																		
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 		5/28/07 407 252 5392																		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date																		