


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000101064 1. Entity Name J. WILLIAMS TRAVEL, LLC	
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Principal Place of Business 2170 WEKIVA VILLAGE LANE APOPKA, FL 32703 US	Mailing Address 2170 WEKIVA VILLAGE LANE APOPKA, FL 32703 US
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DO NOT WRITE IN THIS SPACE



03312008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-5721466	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**WILLIAMS, JAMIE A
2170 WEKIVA VILLAGE LANE
APOPKA, FL 32703**

**DO NOT WRITE
IN THIS SPACE**

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 *Jamie Williams* **Jamie Williams** 4/4/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U00000938829
05/28/08-80003-010 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WILLIAMS, JAMIE A 2170 WEKIVA VILLAGE LANE APOPKA, FL 32703
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WILLIAMS, JAMES C 2170 WEKIVA VILLAGE LANE APOPKA, FL 32703
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WILLIAMS, CHERYL L 2170 WEKIVA VILLAGE LANE APOPKA, FL 32703
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *Jamie Williams* **Jamie Williams** 4/4/08 321-438-9992
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #