

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 17, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L06000108628**

1. Entity Name  
**WILLING ST., LLC**



Principal Place of Business  
**6 WEST 41ST LN  
PENSACOLA, FL 32505**

Mailing Address  
**PO BOX 9699  
PENSACOLA, FL 32513**



01112008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-5854052**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**MATHES, JERRY W  
6 WEST 41ST LN  
PENSACOLA, FL 32505**

**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 \_\_\_\_\_

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**

U00000788078  
01/18/08-80025-019 138.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MP
NAME	MATHES, JERRY W
STREET ADDRESS	6 WEST 41ST LN
CITY-ST-ZIP	PENSACOLA, FL 32505
TITLE	GP
NAME	WILLIAMS, CHAD
STREET ADDRESS	2613 HWY 95A
CITY-ST-ZIP	CANTONMENT, FL 32533
TITLE	GP
NAME	BROWN, JEREMY
STREET ADDRESS	2613 HWY 95A
CITY-ST-ZIP	CANTONMENT, FL 32533
TITLE	GP
NAME	WATSON, JOHN
STREET ADDRESS	P.O. BOX 30128
CITY-ST-ZIP	PENSACOLA, FL 32503
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1-14-08 850 4324161

Date

Daytime Phone #