2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000108628

P.O. BOX 30128

PENSACOLA, FL 32503

Address:

City-St-Zip:

Entity Name: WILLING ST., LLC

FILED Jan 14, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
6 WEST 4 PENSACC	1ST LN DLA, FL 32505			
Current Mailing Address:			New Mailing Address:	
PO BOX 9 PENSACC	699 DLA, FL 32513			
FEI Number:	: 20-5854052	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	Address of C	urrent Registered Agent:	Name and Addres	s of New Registered Agent:
The above	1ST LN DLA, FL 32505	US submits this statement for the p	ourpose of changing its registe	ered office or registered agent, or both
SIGNATUF				
OIOIVATOI		ic Signature of Registered Age	ent	 Date
MANAGING MEMBERS/MANAGERS:			ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	MP () MATHES, JERR 6 WEST 41ST L PENSACOLA, F	.N	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	GP () WILLIAMS, CHA 2613 HWY 95A CANTONMENT,		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	GP () BROWN, JERE 2613 HWY 95A CANTONMENT,		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name:	GP ()	Delete N	Title: Name:	() Change () Addition

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.

Address:

City-St-Zip:

SIGNATURE: JERRY W MATHES MP 01/14/2009