2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 13, 2008
Secretary of State

DOCUMENT# L07000006299

Entity Name: THOMAS WILLITS CO. LLC

Current Principal Place of Business:

429 ELCINO DR.
PENSACOLA, FL 32526 US

New Principal Place of Business:

Current Mailing Address:

429 ELCINO DR.
PENSACOLA, FL 32526 US

New Mailing Address:

4413 COLLINS RD
JACKSONVILLE, FL 32073 US

FEI Number: 06-1804504 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

FLORIDA-INCORPORATIONS.NET INC
3219 CORAL RIDGE DR.
CORAL SPRINGS, FL 33065 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: WILLITS, THOMAS
Address: 429 ELCINO DR.
City-St-Zip: PENSACOLA, FL 32526 US

Title: MGRM ( ) Delete
Name: ROWLAND, THOMAS
Address: PO BOX 816
City-St-Zip: JAY, FL 32565 US

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: THOMAS E WILLITS MGRM 08/13/2008

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