

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000006299

Entity Name: THOMAS WILLITS CO. LLC

FILED  
Mar 31, 2009  
Secretary of State

## Current Principal Place of Business:

429 ELCINO DR.  
PENSACOLA, FL 32526 US

## New Principal Place of Business:

4413 COLLINS RD.  
ORANGE PARK, FL 32073 US

## Current Mailing Address:

4413 COLLINS RD  
JACKSONVILLE, FL 32073 US

## New Mailing Address:

4413 COLLINS RD.  
ORANGE PARK, FL 32073 US

FEI Number: 06-1804504

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## 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: MGRM (X) Change ( ) Addition  
Name: WILLITS, THOMAS  
Address: 4413 COLLINS RD.  
City-St-Zip: ORANGE PARK, FL 32073 US

Title: MGRM (X) Change ( ) Addition  
Name: WILLITS, MELISSA  
Address: 4413 COLLINS RD.  
City-St-Zip: ORANGE PARK, FL 32073 US

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 WILLITS

MGRM

03/31/2009

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