

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90023 033 ***138.75

DOCUMENT # L07000021061

1. Entity Name
WILLSPRA IMPORT USA LLC



Principal Place of Business
**20525 SW 1ST STREET
PEMBROKE PINES, FL 33029 US**

Mailing Address
**20525 SW 1ST STREET
PEMBROKE PINES, FL 33029 US**

50005268



2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

03252008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number
20-8513465

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILLIAMS, RICHARD L JR
20525 SW 1ST STREET
PEMBROKE PINES, FL 33029**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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]

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

4/28/08

DATE

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
WILLIAMS, RICHARD L JR
20525 SW 1ST STREET
PEMBROKE PINES, FL 33029** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
SPRAGUE, AGATA
37 SEVEN PINES CIRCLE
NEWNAN, GA 30265** ☐ Delete

TITLE
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☐ Change ☐ Addition

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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, MANAGER, OR AUTHORIZED REPRESENTATIVE

[Signature]

AGATA SPRAGUE

Date

Daytime Phone #

4/28/08

678-378-7511

add 4/28/08 w/check # 1211 (personal check)