

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000043713

Entity Name: WILLIAMCOLB, L.L.C.

FILED  
May 05, 2008  
Secretary of State

**Current Principal Place of Business:**

14445 PONCE DELEON BLVD  
BROOKSVILLE, FL 34601

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 733  
BROOKSVILLE, FL 34605

**New Mailing Address:**

FEI Number: 26-0239360      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
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:**

**Name and Address of New Registered Agent:**

LEONE, RICK  
12593 SPRING HILL DRIVE  
SPRING HILL, FL 34609      US

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: FILKINS, GEORGE N  
Address: 1205 CHESTERFIELD COURT  
City-St-Zip: EUSTIS, FL 32726

Title: MGRM      ( ) Delete  
Name: LACERDA, DAVID J  
Address: 523 HICKORY STREET  
City-St-Zip: BROOKSVILLE, FL 34601

**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: DAVID LACERDA

MGRM

05/05/2008

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