2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) – DUE BY MAY 1, 2008

FILED
Mar 04, 2008 8:00 am
Secretary of State
02-04-2008 90136 044 ***138.75

DOCUMENT # L07000064659

1. Entity Name

WILLIAMS CONST. L.L.C.

Principal Place of Business	Mailing Address
2637 ROWELL RD CONNTONDALE FL 32431	2637 ROWELL RD CONNTONDALE FL 32431

1st MOORE CR2E083 (10/07)

2. Principal Place of Business - No P.O. Box	3. Mailing Address
2637 Rowell Rd	
Suite, Apt. #, etc.	Suite, Apt. #, etc. N/A
City & State: Cottondale, Fla	City & State
Zip: 32431 Country: Jackson	Zip / Country

4. FEI Number: 59-1311096 — ☐ Applied For ☐ Not Applicable

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, ALVAH L 2637 ROWELL RD CONNTONDALE FL 32431	Name: A L Williams Street Address (P.O. Box Number is Not Acceptable): 2637 Rowell Rd. City: Cottondale FL Zip Code: 32431

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: A L Williams DATE

(Florida registered agent's name and signature required; NOTE: Registered Agent signature not required when reinstating)

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	MGR WILLIAMS, PAUL E 2654 ROWELL RD CONNTONDALE FL 32431	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Williams, Tyler 2654 Rowell Rd. Cottondall, Fl. 32431	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM WILLIAMS, NATHAN S 2654 ROWELL RD COTTONDALE FL 32431	☐ Delete			
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Waters, Adam E. 2654 Rowell Rd Cottondale, Fl. 32431	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete			
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: A L Williams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #