

**2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Apr 14, 2009  
Secretary of State**

DOCUMENT# L07000112274

Entity Name: DIANNA D. WILLIAMS, LLC

**Current Principal Place of Business:**

2940 WINDRIDGE DR.  
HOLIDAY, FL 34691

**New Principal Place of Business:**

**Current Mailing Address:**

2940 WINDRIDGE DR.  
HOLIDAY, FL 34691

**New Mailing Address:**

FEI Number: 74-3240133      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

WILLIAMS, DENNIS L  
2940 WINDRIDGE DR.  
HOLIDAY, FL 34691      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: MGR ( ) Delete  
Name: WILLIAMS, DIANNA D  
Address: 2940 WINDRIDGE DR.  
City-St-Zip: HOLIDAY, FL 34691

Title: MGRM ( ) Delete  
Name: WILLIAMS, DENNIS L  
Address: 2940 WINDRIDGE DR.  
City-St-Zip: HOLIDAY, FL 34691

**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: DIANNA D. WILLIAMS      MGR      04/14/2009

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