

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000002976

FILED  
Jan 06, 2009  
Secretary of State

Entity Name: WILLIAMS EDUCATION SOLUTIONS, LLC

**Current Principal Place of Business:**

1015 GOLFVIEW AVE.  
BARTOW, FL 33830

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1092  
BARTOW, FL 33831

**New Mailing Address:**

FEI Number: 51-0656914

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WILLIAMS, HARRY  
1015 GOLFVIEW AVE.  
BARTOW, FL 33830 US

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

WILLIAMS, HARRY R  
1015 GOLFVIEW AVE.  
BARTOW, FL 33830 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: HARRY R WILLIAMS

01/06/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: WILLIAMS, HARRY  
Address: P.O. BOX 1092  
City-St-Zip: BARTOW, FL 33831

Title: MGRM ( ) Delete  
Name: WILLIAMS, CAROLYN  
Address: P.O. BOX 1092  
City-St-Zip: BARTOW, FL 33831

**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: HARRY R WILLIAMS

MGRM

01/06/2009

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