## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L08000040699

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

Entity Name: WILLIAMSON & ASSOCIATES, LLC

FORT MYERS, FL 33913 US

FORT MYERS, FL 33913 US

WILLIAMSON, DONNA

12910 KENTFIELD LN

() Delete

MGRM

FILED Feb 12, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 12910 KENTFIELD LN FORT MYERS, FL 33913 US **Current Mailing Address: New Mailing Address:** 12910 KENTFIELD LN FORT MYERS, FL 33913 US FEI Number: 26-2601884 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WILLIAMSON, STEVE A 12910 KENTFIELD LN FORTH MYERS, FL 33913 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: ADDITIONS/CHANGES: () Delete Title: () Change () Addition WILLIAMSON, STEVE A Name: Name: Address: 12910 KENTFIELD LN Address:

City-St-Zip:

() Change () Addition

Title:

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: STEVE A. WILLIAMSON MGR 02/12/2009