

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000006725

**FILED**  
**Mar 23, 2010**  
**Secretary of State**

**Entity Name:** WILLIAMS ZOPHIN AGENCY LLC

**Current Principal Place of Business:**

300 SOUTH PINE ISLAND RD.  
SUITE 308  
PLANTATION, FL 33324 US

**New Principal Place of Business:**

**Current Mailing Address:**

300 SOUTH PINE ISLAND RD.  
SUITE 308  
PLANTATION, FL 33324 US

**New Mailing Address:**

**FEI Number:** 26-4118608

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

UNITED STATES CORPORATION AGENTS, INC.  
13302 WINDING OAKS BLVD.  
SUITE A-100  
TAMPA, FL 33612 US

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

WILLIAMS, THOMAS B  
300 SOUTH PINE ISLAND RD STE  
STE 308  
DAVIE, FL 33324 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: THOMAS B WILLIAMS

03/23/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: WILLIAMS, THOMAS B  
Address: 300 SOUTH PINE ISLAND RD. SUITE 308  
City-St-Zip: PLANTATION, FL 33324 US

Title: MGRM  
Name: ZOPHIN, DAVID S  
Address: 300 SOUTH PINE ISLAND RD. SUITE 308  
City-St-Zip: PLANTATION, FL 33324 US

I hereby 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: THOMAS B WILLIAMS

OWNE

03/23/2010

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