

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000045729

**FILED**  
**Mar 25, 2012**  
**Secretary of State**

**Entity Name:** ECHOES AND SHADOWS, LLC

**Current Principal Place of Business:**

5355 BROAD ACRES ST  
MERRITT ISLAND, FL 32953 US

**New Principal Place of Business:**

**Current Mailing Address:**

5355 BROAD ACRES ST  
MERRITT ISLAND, FL 32953 US

**New Mailing Address:**

**FEI Number:** 45-1764417

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WILLIAMS, JERRY  
5355 BROAD ACRES ST  
MERRITT ISLAND, FL 32953 US

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

WILLIAMS, JERRY W  
5355 BROAD ACRES ST  
MERRITT ISLAND, FL 32953 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:** JERRY WAYNE WILLIAMS

03/25/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** D  
**Name:** WILLIAMS, JERRY W  
**Address:** 5355 BROAD ACRES ST  
**City-St-Zip:** MERRITT ISLAND, FL 32953 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:** JERRY WAYNE WILLIAMS

D

03/25/2012

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