

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000099570

**FILED**  
**Jan 13, 2012**  
**Secretary of State**

**Entity Name:** CLINE-WILLIAMS GROUP OF FLORIDA, LLC

**Current Principal Place of Business:**

5578 SW 89TH STREET  
OCALA, FL 34476 US

**New Principal Place of Business:**

**Current Mailing Address:**

5578 SW 89TH STREET  
OCALA, FL 34476 US

**New Mailing Address:**

**FEI Number:** 45-3133210

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

WILLIAMS, BETH A  
5578 SW 89TH STREET  
OCALA, FL 34476 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  
**Name:** WILLIAMS, BETH A  
**Address:** 5578 SW 89TH STREET  
**City-St-Zip:** Ocala, FL 34476 US

**Title:** MGR  
**Name:** CLINE, JILL  
**Address:** 2948 BRADYVILLE ROAD  
**City-St-Zip:** READYVILLE, TN 37149 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:** BETH A WILLIAMS

MGR

01/13/2012

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