

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000002663

FILED
Apr 30, 2009
Secretary of State

Entity Name: MARVIN WILLIAMS FAMILY, L.L.C.

Current Principal Place of Business:

1479 WILLIAMS ROAD
MOORE HAVEN, FL 33471

New Principal Place of Business:

Current Mailing Address:

1479 WILLIAMS ROAD
MOORE HAVEN, FL 33471

New Mailing Address:

FEI Number: 65-0897794

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WILLIAMS, MARVIN L
1479 WILLIAMS ROAD
MOORE HAVEN, FL 33471 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: MGRM () Delete
Name: WILLIAMS, MARVIN L
Address: 1479 WILLIAMS ROAD
City-St-Zip: MOORE HAVEN, FL 33471

Title: VP () Delete
Name: CAMPOS, SALVADOR
Address: 1479 WILLIAMS ROAD
City-St-Zip: MOORE HAVEN, FL 33471

Title: SEC () Delete
Name: MONCRIEF, CASSIE W
Address: 3025 ORTONA LOCKS ROAD SW
City-St-Zip: MOORE HAVEN, FL 33471

Title: TREA () Delete
Name: CAMPOS, DORINDA
Address: 1479 WILLIAMS ROAD
City-St-Zip: MOORE HAVEN, FL 33471

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SEC (X) Change () Addition
Name: WILLIAMS, CASSIE M
Address: 3025 ORTONA LOCKS ROAD SW
City-St-Zip: MOORE HAVEN, FL 33471

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: DORINDA CAMPOS

TREA

04/30/2009

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