

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L00000007102

**Entity Name:** WILLIAMS, RISTOFF & PROPER, P.L.C.

**Current Principal Place of Business:**

10820 STATE ROAD 54 SUITE#202  
TRINITY, FL 34655

**Current Mailing Address:**

10820 STATE ROAD 54 SUITE#202  
TRINITY, FL 34655 US

**FEI Number:** 59-3653653

**Certificate of Status Desired:** No

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

RISTOFF, DAVID R  
10820 STATE ROAD 54 SUITE#202  
TRINITY, FL 34655 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

**Authorized Person(s) Detail :**

Title MGRM  
Name WILLIAMS, STEPHEN R  
Address 10820 STATE ROAD 54 SUITE# 202  
City-State-Zip: TRINITY FL 34655

Title MGRM  
Name RISTOFF, DAVID R  
Address 10820 STATE ROAD 54 SUITE# 202  
City-State-Zip: TRINITY FL 34655

Title MGRM  
Name PROPER, STEVEN A  
Address 10820 STATE ROAD 54 SUITE# 202  
City-State-Zip: TRINITY FL 34655

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** DAVID R. RISTOFF

MGRM

01/28/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date