

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000014644

**Entity Name:** WILLIAM, LLC

**Current Principal Place of Business:**

805 CYPRESS STREET  
ORLANDO, FL 32824

**Current Mailing Address:**

3029 MOJAVE OAK DRIVE  
VALRICO, FL 33594 US

**FEI Number:** 42-1695059

**Certificate of Status Desired:** No

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

RAMOS, WILLIAM  
3029 MOJAVE OAK DRIVE  
VALRICO, FL 33594 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	MGR	Title	AUTHORIZED REPRESENTATIVE
Name	RAMOS, WILLIAM	Name	RAMOS, NIDIA
Address	3029 MOJAVE OAK DRIVE	Address	3029 MOJAVE OAK DRIVE
City-State-Zip:	VALRICO FL 33594	City-State-Zip:	VALRICO FL 33594

*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:** NIDIA RAMOS

**AUTHORIZED  
REPRESENTATIVE**

**03/10/2016**

Electronic Signature of Signing Authorized Person(s) Detail

Date