

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000094417

**Entity Name:** ODIS WILLIAMS, LLC

**Current Principal Place of Business:**

1070 MONTGOMERY RD  
#1024  
ALTAMONTE SPRINGS, FL 32714

**Current Mailing Address:**

PO BOX 11  
PLYMOUTH, FL 32768 US

**FEI Number:** 26-1075974

**Certificate of Status Desired:** No

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

WILLIAMS, ODIS E  
900 PLYMOUTH SORRENTO RD  
UNIT 11  
APOPKA, FL 32768 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            PRESIDENT  
Name           WILLIAMS, ODIS E  
Address        PO BOX 11  
City-State-Zip: PLYMOUTH FL 32768

*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:** ODIS WILLIAMS

**PRESIDENT**

**02/27/2024**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date