

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000094417

Entity Name: ODIS WILLIAMS, LLC

Current Principal Place of Business:

478 E. ALTAMONTE DRIVE
SUITE 108-720
ALTAMONTE SPRINGS, FL 32701

Current Mailing Address:

PO BOX 161004
ALTAMONTE SPRINGS, FL 32716

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 MGRM
Name WILLIAMS, ODIS E
Address PO BOX 161004
City-State-Zip: ALTAMONTE SPRINGS FL 32716

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

MANAGER

01/26/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date