

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000029381

Entity Name: RANDALL WILLIAMSON FOUNDATION, LLC**Current Principal Place of Business:**242 SW 5TH STREET
POMPANO BEACH, FL 33060**Current Mailing Address:**242 SW 5TH STREET
POMPANO BEACH, FL 33060 US**FEI Number:** 26-2298817**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WILLIAMSON, TRAVIS R
242 SW 5TH STREET
POMPANO BEACH, FL 33060 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	MANAGING MEMBER
Name	WILLIAMSON, TOLEIHA L
Address	580 SE 13TH COURT
City-State-Zip:	POMPANO BEACH FL 33060

Title	MANAGING MEMBER
Name	WILLIAMSON, TRAVIS R
Address	550 SE 13TH COURT
City-State-Zip:	POMPANO BEACH FL 33060

Title	MANAGING MEMBER
Name	WILLIAMSON, SHANE L
Address	242 SW 5TH STREET
City-State-Zip:	POMPANO BEACH FL 33060

Title	MANAGING MEMBER
Name	WILLIAMSON, LANCE C
Address	511 SE 14TH STREET
City-State-Zip:	POMPANO BEACH FL 33060

Title	MANAGING MEMBER
Name	WILLIAMSON, JARED L
Address	228 SW 6TH COURT
City-State-Zip:	POMPANO BEACH FL 33060

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: TOLEIHA L WILLIAMSON**MANAGER****04/26/2021**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date