

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000091910

Entity Name: WILLIAM & SONS OF ST. PETE, LLC

Current Principal Place of Business:

9655 4TH STREET N
ST PETERSBURG, FL 33702

Current Mailing Address:

495 BRICKELL AVE.
SUITE 5507
MIAMI, FL 33131 US

FEI Number: 47-4263564

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FAKHIR, GEORGE
495 BRICKELL AVE.
SUITE 5507
MIAMI, FL 33131 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 AMBR
Name FAKHIR 12.5%, GEORGE
Address 495 BRICKELL AVE., SUITE 5507
City-State-Zip: MIAMI FL 33131

Title AMBR
Name FAKHIR 12.5%, ANDREW
Address 495 BRICKELL AVE., SUITE 5507
City-State-Zip: MIAMI FL 33131

Title AMBR
Name FAKHIR 12.5%, ROBERT
Address 495 BRICKELL AVE., SUITE 5507
City-State-Zip: MIAMI FL 33131

Title AMBR
Name FAKHIR 12.5%, MICHEL
Address 495 BRICKELL AVE., SUITE 5507
City-State-Zip: MIAMI FL 33131

Title AMBR
Name JOTAM USA (OFF-SHORE)SAL 25%
Address 495 BRICKELL AVE.
SUITE 5507
City-State-Zip: MIAMI FL 33131

Title AMBR
Name MJM-FARGO-OFFSHORE (S.A.L.) 25%
Address 495 BRICKELL AVE., SUITE 5507
City-State-Zip: MIAMI FL 33131

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: GEORGE FAKHIR

MANAGER

06/20/2020

Electronic Signature of Signing Authorized Person(s) Detail

_____ Date