

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000229332

**Entity Name:** 1681 EE WILLIAMSON LLC

**Current Principal Place of Business:**

44326 CROSS COUNTRY BLVD.  
ALTOONA, FL 32702

**Current Mailing Address:**

PO BOX 1270  
ALTOONA, FL 32702

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

THOMAS, CHARLES E  
44326 CROSS COUNTRY BLVD.  
ALTOONA, FL 32702 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 TRUSTEE, CHARLES E. THOMAS  
FAMILY TRUST  
Name THOMAS, CHARLES E  
Address PO BOX 1270  
City-State-Zip: ALTOONA FL 32702

*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:** CHARLES E. THOMAS

TRUSTEE

01/07/2017

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

\_\_\_\_\_ Date