

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000461521

**Entity Name:** TRACY M WILLIAMS, LLC

**Current Principal Place of Business:**

4503 ST. JOHNS AVE.  
STE 15 #342  
JACKSONVILLE, FL 32210

**Current Mailing Address:**

4503 ST. JOHNS AVE.  
STE 15 #342  
JACKSONVILLE, FL 32210 US

**FEI Number:** 87-3814507

**Certificate of Status Desired:** No

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

WAR GROUP BROKERED BY EXP REALTY, LLC  
4503 ST. JOHNS AVE.  
STE 15 #342  
JACKSONVILLE, FL 32210 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:** TRACY M WILLIAMS LLC

04/30/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name WILLIAMS LLC, TRACY M  
Address 4503 ST. JOHNS AVE.  
STE 15 #342  
City-State-Zip: JACKSONVILLE FL 32210

Title AMBR  
Name CHALKER, CHRISTIAN E  
Address 4503 ST. JOHNS AVE.  
STE 15 #342  
City-State-Zip: JACKSONVILLE FL 32210

Title MS.  
Name CHALKER, LAUREN A  
Address 4503 ST. JOHNS AVE.  
STE 15 #342  
City-State-Zip: JACKSONVILLE FL 32210

*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:** TRACY M WILLIAMS LLC

MANAGER

04/30/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date