

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/19/

FILED
May 07, 2004 8:00 am
Secretary of State

04-19-2004 90024 026 ****50.00

DOCUMENT # L00000009422

1. Entity Name
P. W., LLC



Principal Place of Business
12260 SEMINOLE BLVD
LARGO, FL 33778

Mailing Address
P.O. BOX 1508
LARGO, FL 33779-1508



01142004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3316769

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ALLI, ROBERT
11625 WALSINGHAM RD. ~~P.O. BOX 1508~~
LARGO, FL 33778
12260 SEMINOLE BL, Lot 22
LARGO FL 33778

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Dean Alli DEAN ALLI

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-12-04

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
ALLI, ROBERT
11625 WALSINGHAM RD.
LARGO, FL 33778

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE: DEAN C. ALLI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/12/04

Date

727-434-5800

Daytime Phone #