

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000110667

**Entity Name:** MOTWANI MWC, LLC

**Current Principal Place of Business:**

2455 E SUNRISE BLVD  
SUITE 1112  
FORT LAUDERDALE, FL 33304

**Current Mailing Address:**

2455 E SUNRISE BLVD  
SUITE 1112  
FORT LAUDERDALE, FL 33304 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

MOTWANI, DEV R  
2455 E SUNRISE BLVD  
SUITE 1112  
FORT LAUDERDALE, FL 33304 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 MGR  
Name MOTWANI, NITIN  
Address 2455 E SUNRISE BLVD  
SUITE 1112  
City-State-Zip: FORT LAUDERDALE FL 33304

Title MGR  
Name MOTWANI, RAMOLA  
Address 2455 E SUNRISE BLVD  
SUITE 1112  
City-State-Zip: FORT LAUDERDALE FL 33304

Title MGR  
Name MOTWANI, DEV R  
Address 2455 E SUNRISE BLVD  
SUITE 1112  
City-State-Zip: FORT LAUDERDALE FL 33304

*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:** DEV R MOTWANI

MGR

04/25/2017

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

\_\_\_\_\_  
Date