

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000042519

**Entity Name:** CW MANAGEMENT LLC

**Current Principal Place of Business:**

430 SEABEE AVE  
NAPLES, FL 34108

**Current Mailing Address:**

430 SEABEE AVE  
NAPLES, FL 34108

**FEI Number:** 36-4779705

**Certificate of Status Desired:** Yes

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

WHITE, ELIZABETH  
430 SEABEE AVE  
NAPLES, FL 34108 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	P	Title	VP
Name	WHITE, CALEB	Name	WHITE, ELIZABETH
Address	430 SEABEE AVE	Address	430 SEABEE AVE
City-State-Zip:	NAPLES FL 34108	City-State-Zip:	NAPLES FL 34108

*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:** ELIZABETH WHITE

VP

03/01/2016

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

\_\_\_\_\_  
Date