

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000527563

**Entity Name:** MW NATIONAL, LLC

**Current Principal Place of Business:**

3761 ALDERGATE PLACE  
CASSELBERRY, FL 32707

**Current Mailing Address:**

3761 ALDERGATE PLACE  
CASSELBERRY, FL 32707 US

**FEI Number:** 93-4635280

**Certificate of Status Desired:** No

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

WERNER, TIMOTHY S  
3761 ALDERGATE PLACE  
CASSELBERRY, FL 32707 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 MGRM  
Name WERNER, TIMOTHY S  
Address 3761 ALDERGATE PLACE  
City-State-Zip: CASSELBERRY FL 32707

Title MGRM  
Name MORRIS, PAUL K  
Address 2383 US HWY 287 N  
City-State-Zip: CAMERON MT 59720

*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:** TIMOTHY WERNER

**MANAGING MEMBER**

**04/20/2024**

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

\_\_\_\_\_  
Date