

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L00000009001

Entity Name: CLCW, LLC

**FILED**  
**Jan 10, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

3220 WHITFIELD AVENUE  
SARASOTA, FL 34243

**New Principal Place of Business:**

**Current Mailing Address:**

3220 WHITFIELD AVENUE  
SARASOTA, FL 34243

**New Mailing Address:**

FEI Number: 65-1039481

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LENGER, CHARLENE  
700 INDIAN BEACH CIRCLE  
SARASOTA, FL 34243 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: LENGER, CHARLENE  
Address: 3220 WHITFIELD AVE.  
City-St-Zip: SARASOTA, FL 34243

Title: MGRM  
Name: WALKER, CHARLES E  
Address: P.O. BOX 426  
City-St-Zip: VENICE, FL 342840426

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: CHARLENE LENGER

MGRM

01/10/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date