

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90217 012 \*\*\*\*50.00

DOCUMENT # 0000007026 ✓  
1. Entity Name  
CW, LLC

**DO NOT WRITE IN THIS SPACE**

966388

2. Principal Place of Business  
8620 Spindletop Dr  
Suite, Apt. #, etc.

3. Mailing Address  
8620 Spindletop Dr  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Orlando, FL  
Zip  
32819 Country  
US

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Orlando, FL  
Zip  
32819 Country  
US

4. FEI Number  
59-3676643  
Applied For  
☐ Not Applicable

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

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
Lawrence B. Pitt  
Street Address (P.O. Box Number is Not Acceptable)  
8620 Spindletop Dr.  
City  
Orlando FL Zip Code  
32819

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.

SIGNATURE

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

DATE

**FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**DUE BY MAY 1**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>MGR</u> <u>Lawrence B. Pitt</u> <u>8620 Spindletop Dr.</u> <u>Orlando, FL 32819</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>MGR</u> <u>Renee Pitt</u> <u>8620 Spindletop Dr.</u> <u>Orlando, FL 32819</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE  
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:

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

5/1/02

Date

407-298-3166

Daytime Phone #

CR2E0838 (12/01)