

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 02, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # L00000013346

1. Entity Name  
AHWIYAH, L.L.C.



Principal Place of Business  
1145 N. LAKE SHORE BLVD.  
LAKE WALES, FL 33853

Mailing Address  
1145 N. LAKE SHORE BLVD.  
LAKE WALES, FL 33853



04292008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
91-2100021

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

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

SORENSEN, STEPHEN D  
1145 N LAKESHORE BLVD  
LAKE WALES, FL 33853

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent

SIGNATURE \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE MGR  
NAME SORENSEN, STEPHEN D  
STREET ADDRESS 1145 N. LAKE SHORE BLVD.  
CITY-ST-ZIP LAKE WALES, FL 33853

TITLE MGR  
NAME SORENSEN, GEORGIANNA W  
STREET ADDRESS 1145 N. LAKE SHORE BLVD.  
CITY-ST-ZIP LAKE WALES, FL 33853

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

U000000343831  
05/29/08-80076-003 138.75

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

643080 863 6322