

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000013537

1. Entity Name
CW HOLDINGS, LLC



Principal Place of Business

**3 GROVE ISLE
APT 605
MIAMI, FL 33133**

Mailing Address

**3 GROVE ISLE
APT 605
MIAMI, FL 33133**

DO NOT WRITE IN THIS SPACE



03282005No Chg-LLC

CR2E083 (10/03)

4. FEI Number
65-1069389

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MERINO, MICHAEL H ESQ
MICHAEL H. MERINO PA
6441 ORANGE DR
DAVIE, FL 33314**

**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 _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	ZURITA, CECILIA
STREET ADDRESS	3 GROVE ISLE DR APT 605
CITY-ST-ZIP	MIAMI, FL 33133

TITLE	
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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)(f), 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 #

04/26/05