

FILED
Apr 30, 2008 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	
<div>DO NOT WRITE IN THIS SPACE</div>			
		<div>04302008No Chg-LLC CR2E083 (12/07)</div> <div>4. FEI Number 65-1069389</div> <div>5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required</div> <div>Applied For Not Applicable</div>	
6. Name and Address of Current Registered Agent MERINO, MICHAEL H ESQ MICHAEL H. MERINO PA 6441 ORANGE DR DAVIE, FL 33314		<div>DO NOT WRITE IN THIS SPACE</div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
<div>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</div> <div>05/27/08-80054-023 143.75</div>			
9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ZURITA, CECILIA 3 GROVE ISLE DR APT 605 MIAMI, FL 33133		
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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: 		Date: 04/30/08	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>			