

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000008950

Entity Name: MJW FAMILY, L.L.C.

**FILED**  
**Jan 17, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

209 RIDGEWOOD AVE.  
CLEWISTON, FL 33440

**New Principal Place of Business:**

**Current Mailing Address:**

209 RIDGEWOOD AVENUE  
CLEWISTON, FL 33440

**New Mailing Address:**

209 RIDGEWOOD AVE.  
CLEWISTON, FL 33440

FEI Number: 65-1116188

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HEIL, TIMOTHY  
1861 NW 123RD AVENUE  
PEMBROKE PINES, FL 33026 US

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

HEIL, TIMOTHY  
11011 SHERIDAN STREET  
SUITE 201  
COOPER CITY, FL 33026 US

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: TIMOTHY HEIL

01/17/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: WADE, MALCOLM S JR  
Address: 209 RIDGEWOOD AVE  
City-St-Zip: CLEWISTON, FL 33440

Title: MGRM  
Name: WADE, JENNIFER M  
Address: 209 RIDGEWOOD AVE  
City-St-Zip: CLEWISTON, FL 33440

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: MALCOLM S. WADE, JR.

MGRM

01/17/2011

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