

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90157 048 ****50.00

DOCUMENT # L01000014250

1. Entity Name

JLW, LLC

Principal Place of Business

C/O JAMES L. WARGO
2242 FISHER ISLAND DRIVE #3402B
FISHER ISLAND FL 33109-0080

Mailing Address

C/O JAMES L. WARGO
2242 FISHER ISLAND DRIVE #3402B
FISHER ISLAND FL 33109-0080

2. Principal Place of Business

c/o Nelson & Levine, P.A.

3. Mailing Address

c/o Nelson & Levine, P.A.

2775 Sunny Isles Blvd.
Suite 118

2775 Sunny Isles Blvd.
Suite 118

City & State
North Miami Beach, FL

City & State
North Miami Beach, FL

4. FEI Number
65-1147143

Applied For
 Not Applicable

Zip
33160

Country
USA

Zip
33160

Country
USA

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

6. Name and Address of Current Registered Agent

M&W AGENTS, INC.
2101 CORPORATE BLVD. SUITE 107
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name
Barry A. Nelson, Esq. c/o Nelson & Levine, P.A.
 Street Address (P.O. Box Number is Not Acceptable)
2775 Sunny Isles Blvd., Suite 118
 City
North Miami Beach, FL Zip Code
33160

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM James L. Warga 2242 Fisher Island Drive Fisher Island, Florida 33109	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	M Warga Family Holdings, Inc. c/o Nelson & Levine, P.A. 2775 Sunny Isles Blvd., Suite 118 North Miami Beach, FL 33160	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED

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

Date

Daytime Phone #

3/22/2002 305-932-7000

CR2E083 (9/01)