2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000010764

1. Entity Name



M.W.L., LLC

FILED Apr 02, 2003 8:00 am Secretary of State

04-02-2003 90010 012 ****50.00

Principal Place of Business 124 CYPRESS GREEN DR. ACKSONVILLE FL 32256		Mailing Address 9124 CYPRESS GREEN DR. JACKSONVILLE FL 32256		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES
City & State		City & State		4. FEI Number Applied For Not Applied by
Zip	Country	Zip	Country	5. Certificate of Status Desired
	6. Name and Address of Currer	nt Registered Agent		7. Name and Address of New Registered Agent
9124	UD, RICHARD J CYPRESS GREEN DR. (SONVILLE FL 32256	and the second s	Street Address	is (P.O. Box Number is Not Acceptable)
			City	FL Zip Code
the obligation	named entity submits this statement ons of registered agent. Signature, typed or printed name of registered age	nt and title if applicable. (NOT	E Registered Agent signature require	0 ' .
			le to Florida Departm e By May 1, 2003	nent of State
9.	MANAGING MEM	BERS/MANAGERS	10.	ADDITIONS/CHANGES
IITLE NAME Street address City-St-Zip	MGR ABOLLO, RICHARD J. 9124 CYPRESSGREEN JACKSONYIlle, FL.	□ Delete ΔΛ. Βιντο	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
ITLE LAME STREET ADDRESS CITY-ST-ZIP	,	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
ITLE IAME STREET ADDRESS STY-ST-ZIP	•	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
ITLE IAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
ITLE IAME STREET AODRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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:

Daytime Phone #