2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2009
Secretary of State

DOCUMENT# L02000012098

Entity Name: MWLS, LLC

Current Principal Place of Business:

190 MALABAR RD. SW
102
PALM BAY, FL 32907

New Principal Place of Business:

Current Mailing Address:

190 MALABAR ROAD SW
SUITE 102
PALM BAY, FL 32907

New Mailing Address:

FEI Number: 41-2042661 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HERCULES, MARLA
190 MALABAR ROAD SW
SUITE #102
PALM BAY, FL 32907 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGR	( ) Delete
Name:	HERCULES, MARLA	
Address:	190 MALABAR ROAD SW SUITE #102	
City-St-Zip:	PALM BAY, FL 32907	
Title:	MGR	( ) Delete
Name:	SUAREZ, WASHINTON A	
Address:	190 MALABAR ROAD SW SUITE #102	
City-St-Zip:	PALM BAY, FL 32907	
Title:	MGR	( ) Delete
Name:	HERCULES, MARLA I	
Address:	190 MALABAR RD.SW SUITE #102	
City-St-Zip:	PALM BAY, FL 32907	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: WASHINTON SUAREZ VP 04/09/2009

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