

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90240 049 ****50.00

DOCUMENT # L02000023119

1. Entity Name

W & W VENTURES, LLC



Principal Place of Business

130 N.E. 40TH STREET, 11-13
MIAMI FL 33137

Mailing Address

C/O THE VIOLIN SHOP, INC.
130 NE 40TH STREET, 11-13
MIAMI FL 33137

2. Principal Place of Business

920 NE 74 ST

3. Mailing Address

920 NE 74 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33138

Country

USA

Zip

33138

Country

USA

4. FEI Number

22-3868773

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FLEISCHER, WILLIAM J
130 NE 40TH STREET
MIAMI FL 33138

920 NE 40 ST.

7. Name and Address of New Registered Agent

Name

William Fleischer

Street Address (P.O. Box Number is Not Acceptable)

920 NE 74 ST.

City

MIAMI

FL

Zip Code

33138

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

[Signature]

William Fleischer

3/17/05

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 Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME FLEISCHER, W J
STREET ADDRESS 130 N.E. 40TH STREET, 11-13
CITY-ST-ZIP MIAMI FL 33137

TITLE P ☐ Delete
NAME FLEISCHER, W J
STREET ADDRESS 130 N.E. 40TH STREET, 11-13
CITY-ST-ZIP MIAMI FL 33137

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 920 NE 74 ST.
CITY-ST-ZIP MIAMI, FL 33138

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

William Fleischer, CP 3/17/05

Date

Daytime Phone #

305-572-9222