


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 03, 2008 08:00 A
Secretary of State

DOCUMENT # L02000030923		
1. Entity Name CVW SYSTEMS, LLC		
Principal Place of Business 6000 METROWEST BLVD STE 105 ORLANDO, FL 32835	Mailing Address 6000 METROWEST BLVD STE 105 ORLANDO, FL 32835	



01082008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 75-3090525	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent	
TATICH, PHILIP 341 NORTH MAITLAND AVENUE, SUITE 340 MAITLAND, FL 32751	DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

000000846605
03/18/08-90035-002 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KANTOR, JOSEPH 6000 METROWEST BLVD STE 105 ORLANDO, FL 32835
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MOSHE, ZIV 6000 METROWEST BLVD STE 105 ORLANDO, FL 32835
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**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 

Joseph Kantor

2-27-08

407 296 4600

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

Date

Daytime Phone #