

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Mar 18, 2005 08:00 AM
Secretary of State**

DOCUMENT # L03000006003

**1. Entity Name
KW SERVICES, LLC**



**Principal Place of Business
10105 NW 69TH MANOR
PARKLAND, FL 33076**

**Mailing Address
10105 NW 69TH MANOR
PARKLAND, FL 33076**



02032005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

**4. FEI Number
26-0060241**

**Applied For
Not Applicable**

5. Certificate of Status Desired



**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LUPO, MARIE
10105 NW 69TH MANOR
PARKLAND, FL 33076**

**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

Signature, typed or printed name of registered agent as applicable

NOTE: Registered Agent Signature (required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

**TITLE
NAME
STREET ADDRESS
CITY ST ZIP
MGRP
WINKLER, KEITH
3310 NW 86 LN
CORAL SPRINGS, FL 33065**

**TITLE
NAME
STREET ADDRESS
CITY ST ZIP
MGRV
WINKLER, JEFF
9263 EDMONT LN
BOCA RATON, FL 33434**

**TITLE
NAME
STREET ADDRESS
CITY ST ZIP
MGRT
LUPO, MARIE
10105 NW 69TH MANOR
PARKLAND, FL 33076**

**TITLE
NAME
STREET ADDRESS
CITY ST ZIP**

**TITLE
NAME
STREET ADDRESS
CITY ST ZIP**

**TITLE
NAME
STREET ADDRESS
CITY ST ZIP**

000000269176
03/18/05-80072-019 55.00

**DO NOT WRITE
IN THIS SPACE**

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:

MARIE I LUPO
Marie I Lupo

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

3/18/05 *954-345-9137*

Date

Daytime Phone #