

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 27, 2008 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**



01162008No Chg-LLC

CR2E083 (12/07)

**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 and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRP  
WINKLER, KEITH  
3310 NW 88 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  
**MGRV  
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

U00000841541  
03/10/08-80021-010 138.75

**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: *Marie Lupo*

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

*2/23/08* *954-346-0034*  
Date Daytime Phone #