

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000009168

Entity Name: MYW, LLC

FILED
Jul 11, 2008
Secretary of State

Current Principal Place of Business:

399 CAMINO GARDENS BLVD
SUITE 307
BOCA RATON, FL 33432

New Principal Place of Business:

399 CAMINO GARDENS BLVD
SUITE 102
BOCA RATON, FL 33432

Current Mailing Address:

399 CAMINO GARDENS BLVD
SUITE 307
BOCA RATON, FL 33432

New Mailing Address:

399 CAMINO GARDENS BLVD
SUITE 102
BOCA RATON, FL 33432

FEI Number: 14-1874333 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

FIRESTONE, EVAN S
399 CAMINO GARDENS BLVD.
#307
BOCA RATON, FL 33432 US

Name and Address of New Registered Agent:

FIRESTONE, EVAN S
399 CAMINO GARDENS BLVD.
#102
BOCA RATON, FL 33432 US

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:

07/11/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FIRESTONE, EVAN S
Address: 399 CAMINO GARDENS BLVD #307
City-St-Zip: BOCA RATON, FL 33432

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: FIRESTONE, EVAN S
Address: 399 CAMINO GARDENS BLVD #102
City-St-Zip: BOCA RATON, FL 33432

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: EVAN FIRESTONE

MGRM

07/11/2008

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