

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000028205

1. Entity Name
H & W DEVELOPERS, LLC



SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 JUN - 3 PM 2:44

Principal Place of Business
4486 CRAYTON RD
NAPLES, FL 34103 US

Mailing Address
4486 CRAYTON RD
NAPLES, FL 34103 US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05122010 Chg-LLC CR2E083 (11/08)

City & State

City & State

4. FEI Number
56-2382307

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CREASY, HENRY
4486 CRAYTON ROAD
NAPLES, FL 34103

Name

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

City

FL

Zip Code

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
CREASY, HENRY
4486 CRAYTON RD
NAPLES, FL 34103 ☐ Delete

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

TITLE
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800181636288
06/03/10--01003--011 **138.75

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STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

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:

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

5/20/10

Date

Daytime Phone #

JUN - 3 2010