

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 10, 2006 8:00 am
Secretary of State

05-10-2006 90062 001 ***650.00

DOCUMENT # L03000031745

1. Entity Name
MWP, L.L.C.



Principal Place of Business
511 MULBERRY STREET
COLEMAN, FL 33521

Mailing Address
PO BOX 1069
COLEMAN, FL 33521-1069

00007694



04242006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0347974

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCLAUGHLIN, PATRICK
511 MULBERRY STREET
COLEMAN, FL 33521

**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 _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
MCLAUGHLIN, PATRICK
511 MULBERRY STREET
COLEMAN, FL 33521

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
ICOX, RICK W
511 MULBERRY STREET
COLEMAN, FL 33521

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
PEADON, ROYCE
511 MULBERRY STREET
COLEMAN, FL 33521

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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 _____

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

4/27/06

Date

Daytime Phone #