

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 17, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000033070

1. Entity Name
EWS PROPERTIES, LLC



Principal Place of Business
**4141 S. ATLANTIC AVENUE STE. 509
NEW SMYRNA BEACH, FL 32169**

Mailing Address
**4141 S. ATLANTIC AVENUE STE. 509
NEW SMYRNA BEACH, FL 32169**



01082008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
51-0482867

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WEIDE, BARBRA
4141 S. ATLANTIC AVENUE STE. 509
NEW SMYRNA BEACH, FL 32169**

**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**

U000000903431

04/30/08-80045-022 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	WEIDE, BARBRA
STREET ADDRESS	4141 S. ATLANTIC AVENUE STE. 509
CITY- ST- ZIP	NEW SMYRNA BEACH, FL 32169
TITLE	MGRM
NAME	LAPIERRE, MARY J
STREET ADDRESS	269 VENTURA STREET
CITY- ST- ZIP	LUDLOW, MA 01056
TITLE	MGRM
NAME	LAPIERRE, MICHAEL J
STREET ADDRESS	269 VENTURA STREET
CITY- ST- ZIP	LUDLOW, MA 01056
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:

Barbra Weide Bellotti

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

4/12/08 386-486-1395

Date

Daytime Phone #

BARBRA WEIDE BELLOTTI