

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000036248

Entity Name: L & W MOUNT ZION LLC

FILED  
Feb 08, 2007  
Secretary of State

## Current Principal Place of Business:

304 PALMETTO STREET  
UNIT 100  
ORLANDO, FL 32824 US

## New Principal Place of Business:

## Current Mailing Address:

304 PALMETTO STREET  
UNIT 100  
ORLANDO, FL 32824 US

## New Mailing Address:

FEI Number: 57-1187621

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WINCKLER, SERGIO C  
5270 MILLENIA BLVD.  
#303  
ORLANDO, FL 32839 US

## Name and Address of New Registered Agent:

LARSON, CAROLINE  
8818 COMMODITY CIR STE 40  
ORLANDO, FL 32819 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: CAROLINE LARSON

02/08/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: WINCKLER, SERGIO C  
Address: 5270 MILLENIA BLVD. #303  
City-St-Zip: ORLANDO, FL 32839 US

Title: MGRM ( ) Delete  
Name: CAVALCANTI DA CUNHA, MARCIA F  
Address: 5270 MILLENIA BLVD. #303  
City-St-Zip: ORLANDO, FL 32839 US

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: SERGIO WINCKLER

MGRM

02/08/2007

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