

2004 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L03000040120

1. Entity Name
COMMUNITY WEALTH INITIATIVES, LLC



FILED
04 JUN 26 PM 3:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

24 CARSDALE DRIVE
BELLE MEAD, NJ 08502 US

Mailing Address

24 CARSDALE DRIVE
BELLE MEAD, NJ 08502 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06162004 Chg-LLC CR2E083 (10/03)



City, State

City & State

4. FEI Number

APPROVED FOR 30-0249960

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

Name TERESA Whipple

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

13145 PALMILLA Circle

City DADE City

FL

Zip Code 33525

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

Teresa Whipple

(NOTE: Registered Agent signature required when reinstating)

6-18-04

DATE

Amended AR is \$50.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM. ☐ Delete
NAME GLOBAL COMMUNITIES OF SUPPORT, INC
STREET ADDRESS 24 CARSDALE DRIVE
CITY-ST-ZIP BELL MEAD, NJ 08502

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME 700038938917
STREET ADDRESS 07/09/04--01049--004 **\$50.00
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Pres. 6/16/04

Daytime Phone # 908 9049319