

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 09, 2004 8:00 am
Secretary of State

04-29-2004 90175 001 ***550.00

DOCUMENT # L03000040187

1. Entity Name

PROPERTY CW, LLC



Principal Place of Business

1280 GULF BLVD.
BELLEAIR SHORE FL 33786

Mailing Address

1280 GULF BLVD.
BELLEAIR SHORE FL 33786

34008401



MOORE CR2E083 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

30-0210192

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATE CREATIONS NETWORK INC.
11380 PROSPERITY FARMS RD. #221E
PALM BEACH GARDENS FL 33410

7. Name and Address of New Registered Agent

Name Richard Sunette

Street Address (P.O. Box Number is Not Acceptable)
1280 GULF BLVD

City Belleair Shore

FL

Zip Code 33786

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 Richard Sunette

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 4-20-04

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE MEM
NAME RICHARD SUNETTE
STREET ADDRESS 1280 GULF BLVD
CITY-ST-ZIP BELLEAIR SHORE FL 33786

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

10. ADDITIONS / CHANGES

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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]

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

DATE 4/20/04 TELEPHONE 727-575-2748

DATE

TELEPHONE #