

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 15, 2008 8:00 am**  
**Secretary of State**

05-15-2008 90082 006 \*\*\*138.75

DOCUMENT # L03000041979

Entity Name  
CMW, LLC



Principal Place of Business  
980 NORTH FEDERAL HIGHWAY  
SUITE 200  
BOCA RATON, FL 33432

Mailing Address  
980 NORTH FEDERAL HIGHWAY  
SUITE 200  
BOCA RATON, FL 33432

60041720



2. Principal Place of Business - No P.O. Box #

1500 Gateway Blvd.

Suite, Apt. #, etc.

Suite 200

City & State

Boynton Bch, FL

Zip

33426

Country

3. Mailing Address

1500 Gateway Blvd.

Suite, Apt. #, etc.

Suite 200

City & State

Boynton Bch, FL

Zip

33426

Country

04242008 Chg-LLC CR2E083 (12/06)

4. FEI Number

20-0363469

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

KLEPPER, CARL  
980 NORTH FEDERAL HIGHWAY  
SUITE 200  
BOCA RATON, FL 33432

7. Name and Address of New Registered Agent

Name Carl Klepper

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

1500 Gateway Blvd

Suite 200

City

Boynton Beach

FL

Zip Code

33426

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**



9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete  
NAME COMPARATO, JAMES  
STREET ADDRESS 980 NORTH FEDERAL HIGHWAY, SUITE 200  
CITY-ST-ZIP BOCA RATON, FL 33432

TITLE MGRM ☐ Delete  
NAME KLEPPER, CARL E JR.  
STREET ADDRESS 980 NORTH FEDERAL HIGHWAY, SUITE 200  
CITY-ST-ZIP BOCA RATON, FL 33432

TITLE MGRM ☐ Delete  
NAME DANGELO, ROBERT J  
STREET ADDRESS 980 N FEDERAL HWY SUITE 200  
CITY-ST-ZIP BOCA RATON, FL 33432

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 1500 Gateway Blvd. #200  
CITY-ST-ZIP Boynton Beach, Florida 33426

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 1500 Gateway Blvd. #200  
CITY-ST-ZIP Boynton Beach, Florida 33426

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

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

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #