

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 19, 2007 8:00 am**  
**Secretary of State**

03-19-2007 90463 038 \*\*\*\*50.00

**DOCUMENT # L03000043360**

1. Entity Name  
HVW, LLC



Principal Place of Business  
5528 WHITE IBIS DRIVE  
NORTH PORT, FL 34287

Mailing Address  
7954 ROYAL BIRKDALE CIR.  
BRADENTON, FL 34202

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

7954 Royal Birkdale Cir.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Bradenton, FL

City & State

Zip  
34202

Country  
USA

Zip

Country

03042007 Chg-LLC CR2E083 (12/06)

4. FEI Number  
20-0472482

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

BLALOCK, WALTERS, HELD - JOHNSON, P.A.  
802 11TH ST. WEST  
BRADENTON, FL 34205

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 *H Williams*

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

(NOTE: Registered Agent signature required when reinstating)

3/6/07

DATE

Filing Fee is \$50.00  
Due by May 1, 2007

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
WILLIAMS, H.R.  
7954 ROYAL BIRKDALE CIR  
BRADENTON, FL 34202 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
WILLIAMS, V. CAROLYN  
7954 ROYAL BIRKDALE CIR  
BRADENTON, FL 34202 ☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
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10. ADDITIONS/CHANGES

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CITY-ST-ZIP ☐ Change ☐ Addition

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:

*H Williams*

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

3/6/07 (941) 907-0172

Date

Daytime Phone #