

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 01, 2006 8:00 am**  
**Secretary of State**

03-01-2006 90227 006 \*\*\*\*50.00

**DOCUMENT # L03000051525**

1. Entity Name

W.W. REWIS, LLC



Principal Place of Business

19725 NALLE ROAD  
NORTH FT. MYERS FL 33917

Mailing Address

19725 NALLE ROAD  
NORTH FT. MYERS FL 33917

2. Principal Place of Business

3. Mailing Address

19410 STATE RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

N. Fort Myers

Zip

Country

Zip

33917

Country

USA

1st MOORE

CR2E083 (10/05)

4. FEI Number

20-0486556

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REWIS, WILLIAM W  
19725 NALLE ROAD  
NORTH FT. MYERS FL 33917

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
Due By May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
MGR REWIS, WILLIAM W 19725 NALLE ROAD NORTH FT. MYERS FL 33917	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 #