

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000051525

Entity Name: W.W. REWIS, LLC

FILED
Jul 02, 2007
Secretary of State

Current Principal Place of Business:

19725 NALLE ROAD
NORTH FT. MYERS, FL 33917

New Principal Place of Business:

Current Mailing Address:

19410 SLATER RD
NORTH FT. MYERS, FL 33917

New Mailing Address:

FEI Number: 20-0486556 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: REWIS, WILLIAM W
Address: 19725 NALLE ROAD
City-St-Zip: NORTH FT. MYERS, FL 33917

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: REWIS, WILLIAM W OWNER
Address: 19725 NALLE ROAD
City-St-Zip: NORTH FT. MYERS, FL 33917

Title: MGR () Change (X) Addition
Name: REWIS, WILLIAM W OWNER
Address: 19410 SLATER RD
City-St-Zip: NORTH FORT MYERS, FL 33917 LE

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: WILLIAM W. REWIS

MGR

07/02/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date