

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000013618

Entity Name: K.D.W. MANUFACTURING, LLC

FILED
May 01, 2005
Secretary of State

Current Principal Place of Business:

8999 U.S. HWY 19 SOUTH
PERRY, FL

New Principal Place of Business:

Current Mailing Address:

8999 U.S. HWY 19 SOUTH
PERRY, FL

New Mailing Address:

FEI Number: 20-0678675 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:

Name and Address of New Registered Agent:

WARD, KRISTOPHER D
8999 U.S. HWY 19, SOUTH
PERRY, FL 32348 US

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/MEMBERS:

Title: MGRM () Delete
Name: WARD, KRISTOPHER D
Address: 8999 U.S. HWY 19 SOUTH
City-St-Zip: PERRY, FL 32348

Title: MGRM () Delete
Name: WARD, ROBERT D
Address: 8999 U.S. HWY 19 SOUTH
City-St-Zip: PERRY, FL 32348

Title: MGRM () Delete
Name: WARD, DEXTER T
Address: 8999 U.S. HWY 19 SOUTH
City-St-Zip: PERRY, FL 32348

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KRISTOPHER DOUGLAS WARD

MNGR

05/01/2005

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