

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 16, 2008 08:00 A
Secretary of State

DOCUMENT # L04000026754

1. Entity Name
NWEC DEVELOPMENT, LLC



Principal Place of Business
**655 MCDONOUGH RD
HAMPTON, GA 30228**

Mailing Address
**655 MCDONOUGH RD
HAMPTON, GA 30228**



04082008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
42-1625969

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MCNEESE, RICHARD S
36468 EMERALD COAST PARKWAY
SUITE 1201
DESTIN, FL 32550**

**DO NOT WRITE
IN THIS SPACE**

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**

U00000902164
04/29/08-80097-005 555.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	SCOTT, NORMAN B JR.
STREET ADDRESS	812 BENTLEY LANE
CITY-ST-ZIP	NORTH MYRTLE BEACH, SC 29582
TITLE	MGRM
NAME	MCMASTER, JAMES R
STREET ADDRESS	655 MCDONOUGH ROAD
CITY-ST-ZIP	HAMPTON, GA 30228
TITLE	MGRM
NAME	RICHARD, HEDBERG E
STREET ADDRESS	25 SAM'S POINT LANE
CITY-ST-ZIP	HILTON HEAD ISLAND, SC 29926
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

4/12/08 (601) 358-2482

Date

Daytime Phone #