

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000026837

Entity Name: NW, LLC

FILED
Apr 19, 2009
Secretary of State

Current Principal Place of Business:

1020 WEST 29TH STREET
HIALEAH, FL 33012

New Principal Place of Business:

1020 WEST 29TH STREET
UINT C & D
HIALEAH, FL 33012

Current Mailing Address:

1020 WEST 29TH STREET
HIALEAH, FL 33012

New Mailing Address:

1020 WEST 29TH STREET
UINT C & D
HIALEAH, FL 33012

FEI Number: 20-0984799

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PO, NG S
1020 W 29TH STREET
HIALEAH, FL 330125000 US

Name and Address of New Registered Agent:

NG, SHUI P
1020 W 29TH STREET
UINT C & D
HIALEAH, FL 330125000 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: SHUI NG

04/19/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: NG, SHUI P
Address: 1020 WEST 29TH STREET
City-St-Zip: HIALEAH, FL 33012

Title: MGR () Delete
Name: WONG, CHIG S
Address: 1020 WEST 29TH STREET
City-St-Zip: HIALEAH, FL 33012

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: NG, SHUI P
Address: 1020 WEST 29TH STREET, UINT C & D
City-St-Zip: HIALEAH, FL 33012

Title: MGR (X) Change () Addition
Name: WONG, CHIG S
Address: 1020 WEST 29TH STREET, UINT C & D
City-St-Zip: HIALEAH, FL 33012

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: SHUI NG

MGR

04/19/2009

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